Health Reference Series

Traveler's Health and Safety

SOURCEBOOK

FIRST EDITION

Basic Consumer Health and Safety Information for Travelers, the Types and Modes of Travel, Tips on Choosing the Right Travel Accommodations, Pretravel Preparations, Including the Outbreak of Coronavirus Disease, and Learning about Safety and Security while Traveling

Along with a Glossary of Terms Related to Travelers and Directory of Organizations for Further Help and Support

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OMNIGRAPHICS

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OMNIGRAPHICS
Kevin Hayes, *Managing Editor*

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Preface

ABOUT THIS BOOK

Traveling is a wonderful opportunity to meet new people, make friends, explore different cultures, and broaden one's perspective about this world. It is an excellent stress buster and can help you disconnect from your daily routine. According to the National Travel & Tourism Office (NTTO), 41,773,808 U.S. citizens traveled overseas in the year 2018, which amounts to a 9 percent increase in the total number of travelers compared to the previous year. Although traveling can be a joyful experience, various factors may pose health and safety risks during travel. So, it is important to be aware and take proper safety measures while traveling.

Traveler's Health and Safety Sourcebook, First Edition provides information about travel health, safety advisories, and types of traveling that pose health and safety risks. It also includes health risks during travel such as viral infections, jet lag, fish poisoning, altitude sickness along with modes of travel, hosting an exchange student, hazards of hoteling, and pretravel preparations. Details on travelers with special considerations such as immunocompromised, pregnant, disabled travelers, including the outbreak of COVID-19 in various countries are also explained. Various safety and security measures to be taken while traveling are discussed. The book concludes with a glossary of terms related to travelers and a directory of resources for further help and support.

HOW TO USE THIS BOOK

This book is divided into parts and chapters. Parts focus on broad areas of interest. Chapters are devoted to single topics within a part.

Part 1: Introduction to Travel Health and Safety gives an overview of travel and tourism along with information about travel safety and security tips, travel advisories, and traveler's checklist. It also provides answers to most frequently asked questions related to traveler's health.

Part 2: Types of Traveling That Pose Health and Safety Risks discusses traveling abroad and across the United States along with information about studying abroad, long-term travelers and expatriates, types of travel such as summer travel, adventure travel, and high-risk area travel. It explains how to maintain vigilance while traveling abroad.

Part 3: Health Risks during Travel provides details on the outbreak of COVID-19 and explains how it affects travelers. It gives information about various other diseases that affect travelers such as blood clots, brucellosis, fevers, listeriosis, and viral infections during travel. It also discusses other health risk factors such as altitude sickness, jet lag, and sun exposures.

Part 4: Modes of Travel and Types of Shelters discusses the different types of tourist accommodations, modes of travel that includes cruise ship travel, chartered flight for travel, and renting a car along with information on hosting a foreign exchange student, bus safety tips, and hazards of hoteling.

Part 5: Pretravel Preparations provides information on travel insurance, vaccines to consider before traveling, such as travel and routine vaccines. It also talks about shopping abroad and travel health kits.

Part 6: Travelers with Special Considerations includes information about pregnant travelers, senior travelers, traveling with children, immunocompromised travelers, traveling with chronic illnesses, traveling with pets, and so on.

Part 7: Safety and Security While Traveling at Your Destination discusses the visa fraud warning, customs and import restrictions, cybersecurity tips while abroad, information on lost and stolen passport abroad, driving and road safety abroad, arrest or detention abroad, and death during travel.

Part 8: Additional Help and Information includes a glossary of terms related to travelers and a directory of resources for further help and support.

BIBLIOGRAPHIC NOTE

This volume contains documents and excerpts from publications issued by the following U.S. government agencies: Centers for Disease Control and Prevention (CDC); Federal Communications Commission (FCC); Federal Motor Carrier Safety Administration (FMCSA); Federal Trade Commission (FTC); International Trade Administration (ITA); Occupational Safety and Health Administration (OSHA); Overseas Security Advisory Council (OSAC); Transportation Security Administration (TSA); U.S. Bureau of Labor Statistics (BLS); U.S. Customs and Border Protection (CBP); U.S. Department

of Commerce (DOC); U.S. Department of Education (ED); U.S. Department of State (DOS); U.S. Department of Transportation (DOT); U.S. Forest Service (USFS); U.S. General Services Administration (GSA); and USA.gov.

It may also contain original material produced by Omnigraphics and reviewed by medical consultants.

ABOUT THE *HEALTH REFERENCE SERIES*

The *Health Reference Series* is designed to provide basic medical information for patients, families, caregivers, and the general public. Each volume provides comprehensive coverage on a particular topic. This is especially important for people who may be dealing with a newly diagnosed disease or a chronic disorder in themselves or in a family member. People looking for preventive guidance, information about disease warning signs, medical statistics, and risk factors for health problems will also find answers to their questions in the *Health Reference Series*. The *Series*, however, is not intended to serve as a tool for diagnosing illness, in prescribing treatments, or as a substitute for the physician–patient relationship. All people concerned about medical symptoms or the possibility of disease are encouraged to seek professional care from an appropriate healthcare provider.

A NOTE ABOUT SPELLING AND STYLE

Health Reference Series editors use *Stedman's Medical Dictionary* as an authority for questions related to the spelling of medical terms and *The Chicago Manual of Style* for questions related to grammatical structures, punctuation, and other editorial concerns. Consistent adherence is not always possible, however, because the individual volumes within the *Series* include many documents from a wide variety of different producers, and the editor's primary goal is to present material from each source as accurately as is possible. This sometimes means that information in different chapters or sections may follow other guidelines and alternate spelling authorities. For example, occasionally a copyright holder may require that eponymous terms be shown in possessive forms (Crohn's disease vs. Crohn disease) or that British spelling norms be retained (leukaemia vs. leukemia).

MEDICAL REVIEW

Omnigraphics contracts with a team of qualified, senior medical professionals who serve as medical consultants for the *Health Reference Series*. As necessary, medical consultants review reprinted and originally written material

for currency and accuracy. Citations including the phrase "Reviewed (month, year)" indicate material reviewed by this team. Medical consultation services are provided to the *Health Reference Series* editors by:

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HEALTH REFERENCE SERIES UPDATE POLICY

The inaugural book in the *Health Reference Series* was the first edition of *Cancer Sourcebook* published in 1989. Since then, the *Series* has been enthusiastically received by librarians and in the medical community. In order to maintain the standard of providing high-quality health information for the layperson the editorial staff at Omnigraphics felt it was necessary to implement a policy of updating volumes when warranted.

Medical researchers have been making tremendous strides, and it is the purpose of the *Health Reference Series* to stay current with the most recent advances. Each decision to update a volume is made on an individual basis. Some of the considerations include how much new information is available and the feedback we receive from people who use the books. If there is a topic you would like to see added to the update list, or an area of medical concern you feel has not been adequately addressed, please write to:

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Part 1 | Introduction to Travel Health and Safety

Chapter 1 | Travel and Tourism: An Overview

The U.S. travel and tourism industry generated over $1.6 trillion in economic output in 2017, supporting 7.8 million U.S. jobs. Travel and tourism exports accounted for 11 percent of all U.S. exports and nearly a third (32%) of all U.S. services exports. That same year, the U.S. travel and tourism output represented 2.8 percent of gross domestic product. Expenditures by international visitors in the United States passed $251 billion in 2017, yielding a $77 billion trade surplus for the year. According to the Department of Commerce (DOS) projections, the United States will welcome 95.5 million international visitors annually by 2023 (nearly twice the number in 2000). The United States leads the world in international travel and tourism exports and ranks third in terms of total visitation.

OVERVIEW OF TRAVEL AND TOURISM

Travel and tourism are critical to the American economy. This growing industry offers significant potential for job creation across all regions of the country. Federal policies on matters ranging from national security to transportation and from trade to natural resources management affect travel and tourism, and its potential for growth. In a global economy, a range of businesses depends on travel and tourism policies to enable clients, customers, and colleagues to conduct business in the United States. In addition,

This chapter contains text excerpted from the following sources: Text in this chapter begins with excerpts from "Travel, Tourism & Hospitality Spotlight," SelectUSA, U.S. Department of Commerce (DOC), May 27, 2016; Text beginning with the heading "Overview of Travel and Tourism" is excerpted from "National Travel & Tourism Strategy," International Trade Administration (ITA), U.S. Department of Commerce (DOC), May 10, 2012. Reviewed April 2020.

ensuring that international visitors have a positive experience in America is an essential component of public diplomacy and U.S. foreign policy.

For example, in 2011, the travel and tourism industry generated $1.2 trillion and supported 7.6 million jobs. Real travel and tourism spending grew 3.5 percent in 2011, outpacing the 1.7 percent growth rate for the economy as a whole.

As a travel destination, no other nation can compete with the diversity of experiences found across the United States and its territories with its public lands, waters, and iconic cultural and historic sites.

In fact, the United States leads the world in revenues from international travel and tourism and ranks second in the number of international visitors.

While the United States has set records for international visitation, the global travel market has become increasingly competitive. Other countries actively market themselves, and new destinations are aggressively competing for market share.

The U.S. government plays a unique role in creating a positive environment for private sector job growth in the travel and tourism industry while protecting resources, travelers, and the public.

International travelers require services when they apply for a U.S. visa, enter the country, visit federally managed sites, and navigate through the Unites States' transportation systems. The quality of these services will enhance or detract from the image of the United States as a travel destination and impact its ability to compete globally.

The National Travel and Tourism (NTT) Strategy establishes an overarching goal of increasing American jobs by attracting and welcoming 100 million international visitors, who are estimated to spend $250 billion, annually by the end of 2021.

It is important to encourage the Americans to travel within the United States and its territories to see all that the country has to offer. The United States can achieve this goal by:

Promoting the United States

Federal agencies can take action to capitalize on the growing demand for travel and tourism in the United States by creating a positive and

welcoming message for international visitors. The government can expand its promotional efforts to market the United States as a travel destination by providing senior administration spokespeople and content on the diversity of attractive tourist sites within federal jurisdiction. Using authorities, messengers, and outlets—including agency websites, social media tools, embassies and consulates, and high-profile officials—the government can communicate the tourism opportunities in America to a larger domestic and international audience. Opportunities need to be created to access federal data and use technology to enhance and tailor information for visitors to identify destinations and plan trips to and within the United States.

Enabling and Enhancing Travel and Tourism to and Within the United States

Federal agencies can take specific actions with the aim of reducing institutional barriers to the free flow of trade in travel services; expanding the Visa Waiver Program (VWP); enhancing U.S. visa processing to meet the expected growth in demand; expanding trusted traveler programs and expedited screening initiatives; and improving the processes for arrival and aviation security screening, while ensuring the security of the United States' borders and the safety of the traveling public. They can continue to innovate and make improvements in processes, technologies, staffing, and infrastructure to streamline the visa application process and entry into the country through border crossings and ports of entry, for legitimate travelers. Wider deployment of airport security screening technologies and investments in aviation infrastructure will further improve the passenger screening and overall travel experience for domestic and international air travelers. In addition, the government will continue to use its discretionary grant programs to make strategic investments in transportation infrastructure to enable safer and more efficient movement between destinations throughout the country.

Providing World-Class Customer Service and Visitor Experience

The government will take steps to ensure a high-quality experience for travelers that will inspire repeat visitation and positive

word-of-mouth advertising. The government will support workforce development initiatives and small businesses to ensure that federal and private-sector workers are equipped to effectively serve and maximize business opportunities with a diverse audience of visitors. The government pilots innovative ways to use technology to provide information and interpret content for non-English-Speaking visitors by taking advantage of technologies such as smartphones and translation applications, provide fresh, dynamic content in the most in-demand languages, and will be able to reassess and respond continually to a new language and information needs.

Coordinating Across Government

Federal agencies must work together and with public and private partners to maximize the potential of travel and tourism to create jobs. The federal government will continue to prioritize its support for travel and tourism and will take steps to better coordinate federal policies and programs by reinvigorating the Tourism Policy Council, by engaging more deliberately with partners and by encouraging coordinated federal participation in public–private tourism collaborations. In addition, the Department of Commerce will establish a national travel and tourism office to provide leadership and focus within the federal government.

Conducting Research and Measuring Results

Public and private parties need up-to-date information to make smart decisions about policies and investments. The federal government can work with the travel and tourism industry and academic researchers to conduct high-quality research on travel and tourism issues and trends,

To inform public and private decision-making. Performance metrics and accountability measures will be used to ensure continual progress on the important goals and strategies outlined in this the National Travel and Tourism Strategy.

To ensure success, federal agencies must continue to make travel and tourism a priority, coordinate efforts with one another, and

work with partners in a collaborative effort to meet future demand. These efforts will significantly strengthen economic opportunity and job creation in the travel and tourism industry. Upon delivery of this National Travel and Tourism Strategy, federal agencies can immediately begin to develop detailed implementation plans to realize the promise of these recommendations.

Chapter 2 | Travel Epidemiology

Travelers are an epidemiologically important population because of their mobility, their potential for exposure to diseases outside their home country, and the possibility that they may serve as a conduit for disease from one country to another. In the past ten years, for example, travelers have faced newly emerging threats, including Ebola virus, chikungunya fever, and Zika virus. The evolving epidemiology of diseases, the increasing prevalence of antimicrobial drug resistance, and the development of new vaccines and prophylactic treatments have each contributed to creating the ongoing need for surveillance of international travelers.

The risk of travel-related illnesses varies depending on destination and traveler characteristics. Existing information regarding the actual risk for travelers (often expressed as the number of events per 100,000 travelers) is limited for several reasons. It is difficult to obtain an accurate numerator (number of cases of disease among travelers) and denominator (number of travelers overall or travelers to a specific destination who are susceptible to infection). To calculate a true risk for a traveler, scientific studies would have to document the number of travelers susceptible to that disease or condition and the number of those affected during a specific period of time. If the illness is mild, the traveler may never seek healthcare, or clinicians might not perform diagnostic tests to identify the cause accurately. Furthermore, because travelers often visit multiple destinations, it could be difficult to determine the location where the exposure occurred and attribute risk to that location.

This chapter includes text excerpted from "Travel Epidemiology," Centers for Disease Control and Prevention (CDC), June 21, 2019.

Frequently quoted studies on the incidence of infection in travelers use a variety of methodologic designs, each with its own strengths and weaknesses, making findings difficult to compare or combine. These studies have examined, for the most part, only a few key diseases or conditions, combining all travelers regardless of destination. Many have been single-clinic or single-destination studies that lead to conclusions that are not generalizable to groups of travelers with different local, national, or cultural backgrounds.

Healthcare providers must understand the epidemiologic features of the traveling population to guide pretravel recommendations and posttravel evaluations. The characteristics of travel-related diseases must be considered, including mode of transmission, incubation period, signs and symptoms, duration of illness, and diagnostic testing. The presence, frequency, seasonality, and geographic distribution of the disease need to be assessed; these might change over time because of outbreaks, emergence or reemergence in new areas or populations, successful public-health interventions, or other factors.

Data on disease incidence in local populations could identify the most important diseases to monitor within a country, but the relevance of such data to travelers—who have different risk behaviors, eating habits, accommodations, knowledge of preventive measures, and activities—is usually limited. Surveillance data that focus on travelers or on illnesses that affect travelers are, therefore, more useful in describing travel-related disease patterns and risks.

Two existing networks provide data on the demographics of U.S. international travelers and the acquisition of travel-related illness. Global TravEpiNet (GTEN) is a consortium of health clinics across the United States that provide pretravel health consultations; data from GTEN provide a snapshot of the types of travelers seeking pretravel healthcare and their travel practices, as well as longitudinal cohort data on risk and acquisition of travel-associated conditions. The GeoSentinel Global Surveillance Network, a worldwide data collection and communication network composed of the International Society of Travel Medicine (ISTM) travel and tropical medicine clinics, collects posttravel illness surveillance data. GeoSentinel analyzes this data to describe the relationships

between travel and travel-related illness in specific subpopulations of travelers.

Familiarity with the epidemiology and prevalence of travel-related infections, coupled with demographic information on travelers and their particular travel details, can help clinicians provide optimal health-related information and advice. Clinical networks and surveillance systems provide epidemiologic data on new and prevalent global infectious disease threats. Improved collaboration between travel health providers and the travel health clinical networks is needed to further expand and develop the evidence base in this field; this will allow for better-informed preparation before travel and enhanced clinical awareness of travel epidemiology for clinicians seeing patients before and after travel.

Chapter 3 | Guide to Safe and Healthy Travel

Whatever is your reason for traveling internationally, be prepared when it comes to your health—and the health of others—before, during, and after travel.

BEFORE YOU GO

Take steps to prepare for your travels abroad and anticipate issues that might arise.

- **Know your health status before you make travel plans.** When you are sick you can spread diseases to others. Postpone your travel and stay home when you are sick.
- **Check your destination** to get country-specific health advice. Depending on where you will be going and what you will be doing, you may need vaccinations or medicines before you leave.
- **Make an appointment with your doctor at least a month before you leave.** Work with your doctor to evaluate your health and the health of those planning to travel with you. Visit the doctor:
  - To know what vaccines and medicines you need (and are safe for you to take) depend on many factors specific to you. Give your doctor all the

This chapter contains text excerpted from the following sources: Text beginning with the heading "Before You Go" is excerpted from "Your Survival Guide to Safe and Healthy Travel," Centers for Disease Control and Prevention (CDC), March 10, 2020; Text under the heading "After Travel Tips" is excerpted from "After Travel Tips," Centers for Disease Control and Prevention (CDC), November 14, 2019.

details they need to make the right travel health recommendations for you. Provide them with information such as where you will be traveling, how long you will be gone, what activities you will be doing, and your medical history like—if you have recently had surgery, a heart attack, a stroke, a history of blood clots, deep vein thrombosis (DVT), or pulmonary embolism (PE), or if you are traveling with a disability, a weakened immune system, or a chronic illness.

Before you travel, to have a medical procedure in another country:

- **Consider travel insurance.**
  - **Trip cancellation insurance.** Trip cancellation insurance covers the financial investment in your trip.
  - **Travel health insurance.** If your health insurance policy does not cover you while you are traveling (not all do—please check in advance), consider purchasing additional insurance. Otherwise, if you need to go to a hospital or clinic overseas, you will probably be asked to pay out of pocket for any services.
  - **Medical evacuation insurance.** If you become ill or injured in remote areas or in countries where medical care is not up to U.S. standards, medical evacuation insurance will cover the cost of transporting you to a place where you can receive high-quality care.
  - **Register for the U.S. State Department's Smart Traveler Enrollment Program (STEP).** This free service provides travelers from the United States with important safety information in your destination and helps the U.S. Embassy contact you in an emergency, whether natural disaster, civil unrest, or family emergency.
- **Pack smart.**
  - **Pack for a healthy trip.** A complete travel health kit includes first aid items, sunscreen, insect repellent, over-the-counter (OTC) medicines, and all your prescription medicines.

- If you take any medicines regularly, pack enough for your whole trip plus a little extra, just in case.
- Check with the U.S. Embassy or Consulate of the country you will be visiting to make sure your prescription medicines are permitted there. Not all medicines, even if they are prescribed by a doctor, are legal in all countries.

DURING YOUR TRIP

- **Avoid road accidents.** Accidents involving motor vehicles are the number one cause of preventable deaths of Americans abroad.
  - Always wear your seat belt, only ride in vehicles that have seat belts, and put children in car seats.
  - Hire a local driver when possible or ask your hotel for a trustworthy driver or taxi company.
  - Never ride with a driver who has been drinking.
  - Avoid riding on overloaded buses.
  - Avoid traveling at night and alone.
- **Prevent bug bites.** Mosquitoes, ticks, fleas, and some flies can spread diseases such as malaria, yellow fever, Zika, dengue, chikungunya, and Lyme disease, all of which can have severe consequences.
  - Use The U.S. Environmental Protection Agency (EPA)-registered insect repellents with one of the following active ingredients: DEET, picaridin, IR3535, oil of lemon eucalyptus (OLE), para-menthane-diol (PMD), or 2-undecanone.
- **Eat and drink safely.**
  - Eat only food that has been fully cooked and served hot.
  - Do not eat fresh vegetables or fruits unless you can wash or peel them yourself.
  - Drink only bottled, sealed beverages, and avoid ice—it is likely to be made with tap water.
- **Prevent sunburn.**
  - Pack sunscreen that provides protection against both UVA and UVB rays.

- When using sunscreen and insect repellent, apply sunscreen first. Let it dry, and then apply repellent. Reapply both as instructed.

- **Be aware of your physical safety.**
  - Follow local laws and customs.
  - Limit alcohol intake.
  - Wear protective gear during adventure activities, such as helmets when biking or climbing.
  - Use caution when swimming and during water activities.
  - Do not swim in freshwater in developing areas or where sanitation is poor.
  - Do not go barefoot. Consider protective footwear when swimming in open water to avoid injuries that could lead to infection. Even on beaches there may be animal waste that can be a source of human infections.
  - Be aware of local weather conditions and forecasts.
  - Watch for large waves, strong tides, and signs of rip currents.
  - Supervise children at all times near and in water.
- **Avoid animal bites.** Do not pet or handle animals. Even kittens and puppies can spread disease.
  - If an animal bites, scratches, or licks you, wash the area immediately and thoroughly with soap and water.
  - Call a doctor to find out if you need medication, a tetanus vaccine booster, or rabies preventive treatment.
- **Prevent sexually transmitted infections.** Always use condoms with new sex partners.
- **If you get sick or injured during your trip,**
  - If on an airplane or a cruise ship, tell a crew member immediately.
  - If at your destination, see getting a healthcare abroad fact sheet or find a clinic abroad through the nearest U.S. Embassy or Consulate in the country you are visiting.

- **If you are involved in a natural disaster during your trip,**
  - Seek advice from the nearest U.S. embassy or consulate.
  - Learn in advance if your destination is at increased risk for certain natural disasters. Visit the U.S. Department of State's (DOS) (travel.state.gov/content/travel/en/international-travel/International-Travel-Country-Information-Pages.html) Country Information page. Enter the name of your destination in the "Learn about your destination" search box. When you land on the country-specific information page, scroll down to "Local Laws & Special Circumstances." Click on the heading to expand the content. There you will find information about natural disasters typical to that country (among other relevant topics).

AFTER TRAVEL TIPS

After travel, sometimes people come home with more than souvenirs. Fortunately, most after-travel illnesses are mild, such as a head cold or an upset stomach. However, other travel-related illnesses may be more serious, and symptoms may not show up until long after you get home.

VISIT YOUR DOCTOR IF NEEDED

Seek medical attention if you are not feeling well after your trip, whether you have diarrhea, skin problems, trouble breathing, or other issues.

Be sure to tell your doctor about your travel, including where you went and what you did on your trip. This information will help your doctor consider infections that are rare or not found in the United States. Some details to include:

- Your vaccination history
- What you did on your trip (activities, missionary work, medical work)
- How long you were gone

- Where you stayed (hotel, private home, tent)
- What you ate and drank
- Whether you were bitten by bugs or bitten, scratched, or licked by animals
- Whether you swam in freshwater
- Whether you received healthcare abroad
- Any other possible exposures to infections such as sexual encounters, tattoos, piercings, or injuries that broke the skin

You may talk to an infectious-disease doctor or travel medicine specialist.

BEWARE OF MALARIA

Malaria is a mosquito-borne disease caused by a parasite. It is serious and can be deadly. After you have left an area with malaria, it is very important that you continue taking your antimalarial drugs as prescribed:

- Weekly for four weeks if you are taking doxycycline, chloroquine, or mefloquine
- Daily for seven days if you are taking atovaquone or proguanil or primaquine
- One weekly dose if you are taking tafenoquine

Malaria symptoms usually develop within 30 days, but they could appear up to a year after exposure. If you become ill with a fever or flu-like illness either while traveling in a malaria-risk area or up to one year after you return home, you should seek immediate medical attention and tell the clinician your travel history. Since malaria can be a medical emergency, your doctor must rule out malaria if you have been in an area with malaria risk within the past year. A fever could be from malaria even if you took antimalarial medicine, because the medicine, while very effective, is not 100 percent effective.

After travel, if you are not feeling well, seek medical attention, and tell the healthcare provider where you traveled.

Chapter 4 | Travel Safety and Security Tips

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Section 4.1 | General Safety and Security Tips during and after Travel

This section includes text excerpted from "8 Ways to Prevent Sickness or Injury during Travel," Centers for Disease Control and Prevention (CDC), January 30, 2020.

EIGHT WAYS TO PREVENT SICKNESS OR INJURY DURING TRAVEL

1. If You Are Sick, Do Not Travel

- Handwashing is one of the best ways to protect your family and yourself from getting sick. Wash your hands with soap and water often, especially before eating.
- If soap and water are not available, clean hands with hand sanitizer containing at least 60 percent alcohol.
- Do not touch your eyes, nose, or mouth. If you need to touch your face, make sure your hands are clean.
- Cover your mouth and nose with a tissue or your sleeve (not your hands) when coughing or sneezing.
- Try to avoid contact with people who are sick.
- If you are sick, stay home or in your hotel room, unless you need medical care.

2. Road Accidents

Accidents are the number one cause of injury and death among Americans while traveling.

- Always wear a seat belt and do not ride in vehicles that do not have seat belts.
- When possible, hire a local driver. Ask your hotel for a trustworthy driver or taxi company.
- Do not ride with a driver who has been drinking.
- Do not drink and drive.
- Do not travel on overloaded buses or minibuses.
- Avoid traveling at night.
- Avoid traveling alone and try traveling as a group.

3. Prevent Bug Bites

Bugs, including mosquitoes, ticks, fleas, and some flies, can spread diseases such as malaria, yellow fever, Zika, dengue, chikungunya, and Lyme disease, all of which can have severe and lasting consequences.

- Use U.S. Environmental Protection Agency U.S. Environmental Protection Agency (EPA)-registered insect repellents that is right for you with one of the following active ingredients: DEET, picaridin, IR3535, oil of lemon eucalyptus (OLE), para-menthane-diol (PMD), or 2-undecanone.
- Wear long-sleeved shirts and long pants when outdoors.
- You can also spray clothing with permethrin or another EPA-registered insecticide for more protection. Do not use permethrin on skin.
- If you can, stay in hotels or resorts that are well screened or air-conditioned.

4. Avoid infections

Infections are transmitted by blood or body fluids, such as viral hepatitis and human immunodeficiency viruses (HIV).

- Always avoid close contact with sick people.
- Wash your hands often with soap and water. If soap and water are not available, use a 60 percent or greater alcohol-based hand sanitizer.
- Always use condoms while having sex to reduce the risk of HIV and other sexually transmitted diseases.
- Avoid getting tattoos or piercings abroad. If you do want to get one, make sure the facility is not re-using needles.
- If you need injections or medical procedures abroad make sure the facility is using sterile equipment and check with the embassy if they need a recommendation for where to go.

5. Food and Drinking Water Safety

- Eat only food that has been fully cooked and served hot.
- Do not eat fresh vegetables or fruits unless you can wash or peel them yourself.
- Drink only bottled, sealed beverages, and avoid ice—it is likely to be made with tap water.

6. Be Safe Around Animals

- Avoid animal bites by not handling or petting animals, including dogs and cats.
- If you are bitten, scratched, or licked by animals wash the area immediately with soap and water.
- Call a doctor and determine if medication or rabies postexposure vaccinations are needed, or if you need to update your tetanus shot.

7. Sun Safety

- Use sunscreen with both UVA and UVB protection.
- Always apply sunscreen before applying insect repellent.

8. Physical Safety

- Follow local laws and customs.
- Limit alcohol intake.
- Wear protective gear during adventure activities (helmets for biking, rappelling, etc.).
- Use caution when swimming or visiting bodies of water.
  - Do not swim in freshwater.
  - Keep feet clean and dry, and do not go barefoot, especially on beaches where there may be animal waste.
  - Be aware of local weather conditions and forecasts.
  - Watch for large waves, strong tides, and signs of rip currents.
  - Children should be supervised by an adult at all times near and in water.

Section 4.2 | Tips When Traveling to a Different Country

This section contains text excerpted from the following sources: Text in this section begins with excerpts from "Safety and Health during International Travel," Occupational Safety and Health Administration (OSHA), July 9, 2019; Text beginning with the heading "Before Travel" is excerpted from "Safety and Security Overseas," Centers for Disease Control and Prevention (CDC), June 24, 2019.

In recent years there has been a significant increase in the number of U.S. residents traveling to countries where they are at risk of contracting infectious diseases. Depending on the country visited, travelers are potentially exposed to hepatitis A and B, typhoid fever, malaria, meningococcal disease, yellow fever, cholera, poliomyelitis, encephalitis, rabies, and other diseases.

The failure of travelers to receive preventive medication results in unnecessary illness, medical expenses, and the potential spread of contagious diseases within their local communities.

PRECAUTIONS TO BE TAKEN IRRESPECTIVE OF THE DESTINATION

- Wash hands often with soap and water.
- Because motor vehicle crashes are a leading cause of injury among travelers, walk and drive defensively. Avoid travel at night if possible and always use seat belts.
- Do not eat or drink dairy products unless you know they have been pasteurized.
- To avoid acquiring sexually transmitted diseases (AIDS, hepatitis B and C, syphilis) do not have sexual contact with people whose health status is unknown or uncertain.
- Eat only thoroughly cooked food or fruits and vegetables you have peeled yourself. **Remember:** Boil it, cook it, peel it, or forget it.
- Never eat undercooked ground beef and poultry, raw eggs, and unpasteurized dairy products. Raw shellfish is particularly dangerous to those with liver disease or compromised immune systems.

PRECAUTIONS TO BE TAKEN WHILE VISITING DEVELOPING AREAS

- Drink only bottled or boiled water, or carbonated (bubbly) drinks in cans or bottles. Avoid tap water, fountain drinks,

beverages with ice, ice cubes, and beverages cooled by submerging their containers in water.
- If this is not possible, make water safer by both filtering through an absolute 1-micron or less filter and adding iodine tablets to the filtered water. "Absolute 1-micron filters" are found in camping/ outdoor supply stores.
- If you visit an area where there is a risk for malaria, take your malaria prevention medication before, during, and after travel, as directed. See your doctor for a prescription. Protect yourself from insects by remaining in well-screened areas, using repellents applied sparingly at four-hour intervals, wearing long-sleeved shirts and long pants from dusk through dawn, and using permethrin-impregnated netting around beds if not in screened or air-conditioned housing.
- To prevent fungal and parasitic infections, keep feet clean and dry and do not go barefoot.
- Do not eat food purchased from street vendors.
- Do not handle animals, especially monkeys, dogs, and cats, to avoid bites and serious diseases, including rabies and plague.
- Do not swim in freshwater except for well-chlorinated swimming pools. Saltwater is usually safer except for areas where it may be contaminated by sewage.

BEFORE TRAVEL

Travelers need clear, timely, and reliable safety and security information to make decisions about travel plans. This information is available from the Bureau of Consular Affairs (BCA) in the Department of State, the organization charged with protecting U.S. citizens abroad.

The BCA assigns every country a travel advisory level ranging from 1 (Exercise Normal Precautions) to 4 (Do Not Travel). Travel advisories describe the risks found in a country and the actions U.S. citizens should take to mitigate those risks. The U.S. Embassies and Consulates abroad may also issue alerts, which inform U.S. citizens of specific safety, security, or health concerns

in a country, such as demonstrations, crime trends, weather events, and health events.

The Department of State also releases an annual worldwide caution that provides information on universal travel risks, including the threat of terrorism against U.S. citizens and its interests abroad. The country information pages on the BCA website provide all available travel information, including details about entry and exit requirements, local laws and customs, health conditions, transportation, and other relevant topics.

The U.S. citizens can enroll with the Department of State's Smart Traveler Enrollment Program (STEP.state.gov) before traveling abroad. A free service, STEP allows enrollees to receive information from the local U.S. Embassy or Consulate about safety, security, or health conditions at their destination. It also assists the embassy or consulate to locate missing U.S. citizens or contact them in an emergency such as a natural disaster, civil unrest, or family emergency.

CRISES ABROAD

Whether traveling or living outside the United States, the U.S. citizens should prepare for a potential crisis. The Department of State is committed to assisting U.S. citizens who become victims of crime, need assistance during a crisis or a natural disaster, or who need consular services (such as replacing a lost or stolen passport) or financial assistance to return to the United States. The State Department can also support locating missing U.S. citizens abroad. The U.S. citizens should research the country they are visiting or residing in, stay connected with the nearest U.S. Embassy or consulate, and create personal safety plans.

CRIMINAL ACTIVITIES

One of the most common threats to the safety of U.S. citizens abroad comes from criminal activity. Travelers can research crime trends and patterns at their destination using the Overseas Security Advisory Council website (www.osac.gov). Common strategies to avoid becoming a crime victim are, for the most part, the same

everywhere, but the following should be stressed with international travelers:

- Limit travel at night; travel with a companion, and vary routine travel habits.
- Do not wear expensive clothing or accessories.
- Avoid accommodations on the ground floor or immediately next to the stairs, and lock all windows and doors.
- Take only recommended, safe modes of local transportation.
- If confronted in a robbery, give up all valuables and do not resist attackers. Resistance can escalate to violence and result in injury or death.

Crime victims overseas should contact the nearest U.S. Embassy, consulate, or consular agency. The Department of State can help replace stolen passports, contact family and friends, identify health-care providers, explain the local criminal justice process, and connect victims of crime with available resources. However, they do not have the legal authority to conduct a criminal investigation or prosecute crimes.

TERRORIST ATTACKS

Terrorist attacks against Western interests in multiple regions, including Europe, Asia, Africa, and the Middle East threaten U.S. citizens living and traveling abroad. Potential targets include high-profile sporting events, public transportation systems, residential areas, business offices, hotels, clubs, restaurants, places of worship, schools, shopping malls, and other tourist destinations where U.S. citizens gather in large numbers. Past terrorist attacks have ranged from assassinations and kidnappings to suicide operations, hijackings, and bombings.

Despite being a worldwide threat and cause for concern, terrorist attacks have involved relatively few international travelers. From June 2016 through June 2017, only ten U.S. citizens were killed in terrorist attacks overseas. Travelers can reduce their chances of becoming victims of terrorism by:

- Looking out for unattended packages or bags in public places and other crowded areas
- Being cautious of unexpected packages
- Choosing to wear clothing that does not identify them as a tourist (such as T-shirts bearing the U.S. flag or the logos of a favorite, U.S.-based sports team)
- Trying to blend in with the locals

These strategies incorporate the same defensive alertness and good judgment that people should use to keep safe from crime. Awareness is the key—taking precautions to be aware of surroundings and adopting protective measures.

LOCAL LAWS AND SPECIAL CIRCUMSTANCES

The U.S. citizens are subject to local laws, and if they violate those laws—even unknowingly—may face arrest, imprisonment, or deportation. In addition, some crimes are prosecutable both in the United States as well as in the country where the crime was committed. The U.S. citizens arrested or detained abroad should ask local law enforcement and/or prison officials to notify the U.S. Embassy or Consulate immediately.

Lesbian, gay, bisexual, transgender, and intersex (LGBTI) travelers can face unique challenges traveling abroad. Laws and attitudes in some countries may affect the safety and ease of travel. Legal protections vary from country to country. Many countries do not legally recognize same-sex marriage. More than 70 countries consider consensual same-sex sexual relations a crime, sometimes carrying severe punishment.

Section 4.3 | Health and Safety Responsibilities for a Business Traveler

This section includes text excerpted from "Stay Safe and Healthy on a Business Trip," Centers for Disease Control and Prevention (CDC), February 14, 2019.

In 2017, an estimated 4.8 million U.S. residents traveled overseas for business. With the increasingly global economy, this number is expected to increase. Because of the nature of the trip, business travelers may face different health risks than leisure travelers. Some of the risks of business travel and the steps that can be followed to protect yourself are listed below.

UNPLANNED BUSINESS TRIPS

You do not always know ahead of time when you will be going on a business trip. The Centers for Disease Control and Prevention (CDC) recommends that you:

- **See a doctor at least a month before a trip.** But, if you do not have that much time, even a last-minute visit can be useful.
- **Pack a travel health kit.** Your kit should include first-aid supplies, any prescription medicines you take, and over-the-counter medicine including medicine for diarrhea. Pack some latex condoms in your kit as well, because sexually transmitted diseases may be common in places where you are going.

ADJUSTING TO JET LAG

Leisure travelers may have time to be able to adjust to jet lag naturally, but business travelers often have to hit the ground running. Consider these tips for minimizing jet lag:

- If you have a few days before you leave, try to shift your sleep cycle a couple of hours earlier or later (depending on where you are going).
- Stay hydrated while you are traveling.
- Avoid alcohol and caffeine.

- Try to sleep on long flights. If you have trouble sleeping on planes, you might want to pack a mild sedative in your carry-on luggage.

WORK STRESS

Business travelers are frequently under a lot of work stress, in addition to the stress of traveling. To minimize the negative health effects of stress:

- Eat healthy meals
- Exercise regularly
- Avoid alcohol
- Get a good night's rest
- On longer trips, to maintain your mental health, stay in regular contact with your friends and family at home.

MIND WHAT YOU EAT AND DRINK

Your hosts may want to take you out to toast your new business relationship, but be careful about:

- Drinking too much. Alcoholic drinks in some countries can be stronger than you expect.
- What you eat and drink in developing countries
- Bottled water and food that is cooked and served hot are generally safe
- Avoid tap water, ice, and raw fruits and vegetables, or you may spend much of the return flight in the airplane bathroom

If you do end up ill during your trip, contact a doctor or other healthcare provider at your destination. The U.S. Embassy at your destination can help you locate a doctor.

If you return home and become ill, contact a doctor and mention your recent travel history.

Section 4.4 | Crisis Abroad: Be Ready

This section includes text excerpted from "Crisis Abroad: Be Ready," Bureau of Consular Affairs, U.S. Department of State (DOS), September 13, 2016. Reviewed April 2020.

THINK AHEAD

Whether traveling or living outside of the United States, there are ways you can prepare yourself for a potential crisis.

BE INFORMED

- Learn about the country, including visa requirements, local laws, customs, and medical care in the countries where you will be. Check for any Travel Advisories for your destination.
- Enroll in the Smart Traveler Enrollment Program (STEP) to receive important safety and security messages and make it easier for the U.S. officials to locate and assist you in an emergency.
- Keep the contact details for the nearest U.S. Embassy or Consulate with you. They are available for emergencies 24 hours a day, seven days a week, overseas and in Washington, DC (888-407-4747 or 202-501-4444).

BE PREPARED

- Have a two-week supply of food and water for each member of your household—do not forget your pets! A crisis can make it impossible to leave your home or make the local water undrinkable.
- Your emergency kit should include your passports, birth-abroad certificates for children born overseas, cash in the local currency, a card with local translations of basic terms, and an electrical current converter. If you have pets, be sure to have their vaccination records.
- Households with infants and young children should plan for food and supplies such as diapers and wipes, formula or baby food, and a change of clothing.

- If you take medication, make sure to have at least five days' worth at any given time—if you can, the U.S. Department of State (DOS) encourages enough for two weeks beyond your scheduled trip and have a copy of your prescriptions handy.
- If you use assistive or medical devices that require a power supply, be sure to find back-up power or other ways that will sustain your device or equipment during a power outage.
- Make sure you have health insurance whenever you are traveling abroad.
- Make sure your passport is ready for use. Most countries require that it be valid for at least six months after the end of your trip and that it has two or more blank pages.

BE CONNECTED

- Keep a list of your emergency contacts handy and create a communication plan for reaching family and friends in the event of a crisis.
- Phone lines are usually affected during a crisis. Think about other ways to communicate. For example, update your social media status often and send messages as regularly as possible to let friends and family know how you are doing.
- Many U.S. Embassies and Consulates, along with the Bureau of Consular Affairs, use social media to provide information.

BE SAFE

- Have an exit strategy. Know how you will get out of harm's way without needing to rely on assistance—a crisis may prevent or delay emergency responders' ability to get to you and there will be many people needing help.
- Be sure you know more than one way to get to safety—the crisis event may make some roads unpassable or unsafe.
- Follow instructions from local authorities about security and evacuation. Doing so could save your life.

- Monitor local radio, television, and other sources for updates. Situations can change quickly, limiting the time you have to get out.
- If you are staying in a hotel, talk to the staff to be sure you know the hotel's emergency plan for a variety of crisis events—fire, flood, electrical outage, storms, and so on.
- Keep in touch with your tour operators, hotel staff, airline, cruise company, and local officials for evacuation instructions.
- Contact the nearest U.S. Embassy or Consulate if you need emergency help. Please keep in mind that this will not alert emergency responders—if you need emergency medical attention or police assistance, contact the local authorities directly if you can.

Section 4.5 | Injuries That Can Be Caused during Travel

This section includes text excerpted from "Injury and Trauma," Centers for Disease Control and Prevention (CDC), June 24, 2019.

VIOLENCE-RELATED INJURIES

Violence, including suicide and homicide, is a leading worldwide public-health problem that affects U.S. citizens traveling, working, or residing internationally. Each year more than 1.6 million people lose their lives to violence; only one-fifth of the total are casualties due to armed conflict. Rates of violent deaths in low- and middle-income countries are three times more than those in higher-income countries, although variations exist within countries. For longer-term travelers, social isolation and substance abuse, particularly in areas of poverty and rigid gender roles, may increase the risk of depression and suicide.

Mexico, the Philippines, Jamaica, and Haiti have the highest number of homicide deaths among U.S. travelers; Mexico accounts for 50 percent of all homicide deaths in U.S. citizens living or traveling in foreign countries. Criminals may view travelers to their

country as wealthy, naïve targets, inexperienced and unfamiliar with the culture, and less able to seek assistance, once victimized. Traveling in high-poverty areas or regions of civil unrest, using alcohol or drugs, and visiting unfamiliar environments (particularly at night) each increase the likelihood that a traveler becomes a victim of violence.

WATER AND AQUATIC INJURIES

Drowning is often the leading cause of injury death to U.S. citizens visiting countries where water recreation is a major activity. Although risk factors remain to be defined clearly, lack of familiarity with local water currents and conditions, inability to swim, and the absence of lifeguards on duty likely contribute to drowning deaths. Rip currents can be especially dangerous. Diving into shallow water is a risk factor for head and spinal cord injuries, with young men, affected disproportionately. Alcohol or drug use is a factor in some cases.

Boating can be a hazard, especially if boaters are unfamiliar with the equipment they are using, do not know proper boating etiquette or rules for watercraft navigation, or are new to the water environment in a foreign country. Many boating fatalities result from inexperience or failure to wear a personal flotation device (lifejacket); travelers should have enough lifejackets on board for all passengers. Children and weak swimmers should wear a lifejacket at all times while boating. Advise travelers not to ride in boats operated by obviously inexperienced, uncertified, or intoxicated drivers. Scuba diving is a frequent pursuit of travelers to coastal destinations. Researchers estimate the death rate among divers worldwide to be approximately 16 deaths per 100,000 divers per year. Travelers should either be experienced divers or dive with a reputable dive shop and instructors.

Travelers should not swim alone or in unfamiliar waters and should wear appropriately sized and U.S. Coast Guard–approved lifejackets whenever participating in water recreation activities. If travel includes planned water activities, travelers should consider bringing their own lifejackets with them. Improving swimming skills, learning safe rescue techniques (such as use of poles or ropes

as rescue aids so responders can avoid entering the water), and taking cardiopulmonary resuscitation (CPR) classes can substantially increase the likelihood of survival in an emergency.

OTHER UNINTENTIONAL INJURIES

In developing countries where building codes are not enforced or do not exist, fires represent a substantial risk to traveler health and safety. Often there are no smoke alarms or access to emergency services, and the fire department's focus is on putting out fires rather than on fire prevention or victim rescue.

To prevent fire-related injuries, travelers should select accommodations no higher than the sixth floor (fire ladders generally cannot reach higher than the sixth floor) and confirm that hotels have smoke alarms and, preferably, sprinkler systems. Travelers may want to bring their own smoke alarms with them, and they should always identify at least two escape routes from buildings. Crawling low under smoke, and covering one's mouth with a wet cloth are helpful in escaping a fire. Families should agree on a meeting place outside the building in case of a fire.

Carbon monoxide (CO) inhalation, poisoning, and death can occur during fires but may also be the result of exposure to improperly vented heating devices. Travelers may want to bring a personal CO detector that can sound an alert in the presence of this lethal gas. Engine exhaust is a dangerous, unanticipated source of CO; remind travelers to avoid diving and swimming off the back of boats where exhaust fumes typically discharge.

Adventure activities such as mountain climbing, skydiving, whitewater rafting, off-roading, kayaking, skiing, and snowboarding are popular with travelers. A lack of rapid emergency trauma response, inadequate trauma care in remote locations, and sudden, unexpected weather changes compromise safety and hamper rescue efforts, delay care, and reduce survivability. For recreational activities with a risk of falling, helmet use is strongly encouraged; if helmets are unlikely to be available at the destination, travelers should bring them from home.

In 2017, 15 U.S. citizens abroad died in aircraft crashes. Travel by local, lightweight aircraft in many countries can be risky. Travel

on unscheduled flights, in small aircraft, at night, in inclement weather, and with inexperienced pilots carries the highest risk. Travelers should avoid using local, unscheduled, small aircraft, and refrain if possible from flying in bad weather and at night. If available, choose larger aircraft (more than 30 seats), as they are more likely to have undergone more strict and regular safety inspections. Larger aircraft also provide more protection in the event of a crash.

TRAVEL PREPARATION TIPS

Healthcare providers, vendors of travel services, and travelers themselves should consider taking the following actions when planning for a trip outside the United States:

- Purchase special travel health and medical evacuation insurance if destinations include countries where there may not be access to good medical care.
- Learn basic first aid and cardiopulmonary resuscitation (CPR) before traveling internationally with another person.
- Bring a travel health kit, customized to anticipated itinerary and activities.
- Review the U.S. State Department travel advisories and alerts (www.travel.state.gov/destination) and check the U.S. Embassy or Consulate (www.usembassy.gov) for country-specific personal security risks and safety tips.
- Enroll in the U.S. State Department's Smart Traveler Enrollment Program (step.state.gov/step). Enrolled travelers receive e-mails about safety conditions at their destination and direct embassy contact in case of natural disasters and human-made emergencies such as political unrest, rioting, and terrorist activity.

Chapter 5 | Travel Advisories

TRAVEL ADVISORY LEVELS

The travel advisory appears at the top of each country page, with a color corresponding to each level:

Level 1—Exercise Normal Precautions

This is the lowest advisory level for safety and security risk. There is some risk in any international travel. Conditions in other countries may differ from those in the United States and may change at any time.

Level 2—Exercise Increased Caution

Be aware of heightened risks to safety and security. The U.S. Department of State (DOS) provides additional advice for travelers in these areas in the travel advisory. Conditions in any country may change at any time.

Level 3—Reconsider Travel

Avoid travel due to serious risks to safety and security. The DOS provides additional advice for travelers in these areas in the travel advisory. Conditions in any country may change at any time.

This chapter includes text excerpted from "Safety and Security Messaging," Bureau of Consular Affairs, U.S. Department of State (DOS), April 9, 2019.

Level 4—Do Not Travel

This is the highest advisory level due to the greater likelihood of life-threatening risks. During an emergency, the U.S. government may have very limited ability to provide assistance. The DOS advises that U.S. citizens not travel to the country or to leave as soon as it is safe to do so. It provides additional advice for travelers in these areas in the travel advisory. Conditions in any country may change at any time.

VARYING LEVELS

The Bureau of Consular Affairs issues an overall travel advisory level for a country, but levels of advice may vary for specific locations or areas within a country. For instance, it may advise U.S. citizens to "Exercise increased caution" (Level 2) in a country, but to "Reconsider travel" (Level 3) to a particular area within the country.

RISK INDICATORS

Travel Advisories at levels two to four contain clear reasons for the level assigned, using established risk indicators and specific advice to U.S. citizens who choose to travel there. These are:

- **C—Crime.** Widespread violent or organized crime is present in areas of the country. Local law enforcement may have limited ability to respond to serious crimes.
- **T—Terrorism.** Terrorist attacks have occurred and/or specific threats against civilians, groups, or other targets may exist.
- **U—Civil unrest.** Political, economic, religious, and/or ethnic instability exists and may cause violence, major disruptions, and/or safety risks.
- **H—Health.** Health risks, including current disease outbreaks or a crisis that disrupts a country's medical infrastructure, are present. The issuance of a Centers for Disease Control Travel Notice may also be a factor.
- **N—Natural disaster.** A natural disaster, or its aftermath, poses danger.

- **E—Time-limited event.** Short-term events such as elections, sporting events, or other incidents may pose safety risks.
- **O—Other.** There are potential risks not covered by previous risk indicators. Read the country's travel advisory for details.
- **K—Kidnapping or hostage-taking.** Criminal or terrorist individuals or groups have threatened to and/or have seized or detained and threatened to kill, injure, or continue to detain individuals in order to compel a third party (including a governmental organization) to do or abstain from doing something as a condition of release.

INTERACTIVE MAP

An interactive map is on each travel advisory country page. Click on "View Larger Map" online or see travelmaps.state.gov to view countries color-coded with the travel advisory levels. Countries with varying levels of travel advice have stripes to indicate that you should read the whole travel advisory for more details.

Chapter 6 | Traveler's Checklist

GET REQUIRED DOCUMENTS

Make two copies of all your travel documents in case of emergency. Leave one copy with a trusted friend or relative at home and carry the other separately from your original documents. To help prevent theft, do not carry your passport in your back pocket, and keep it separate from your money.

- **Passport.** Apply several months in advance for a new passport. If you already have one, it should be valid for at least six months after you return home and have two or more blank pages, depending on your destination. Otherwise, some countries may not let you enter.
  - **Children's passports.** Passports issued for children under 16 years of age are valid for only 5 years, not 10 years like adult passports. Check passport expiration dates carefully and renew early.
  - **Europe travel via Canada and UK.** Europe's 26 Schengen countries strictly enforce the 6-month validity rule. If you are transiting through Canada or the UK—which do not have that requirement—your passport must be valid at least six months, or airlines may not let you board your onward flight to Europe.
- **Visas.** You may need to get a visa before you travel to a foreign destination.

This chapter includes text excerpted from "Traveler's Checklist," Bureau of Consular Affairs, U.S. Department of State (DOS), July 31, 2018.

- **Medications.** Some prescription drugs, including narcotics and some U.S. over-the-counter (OTC) medications, are illegal in other countries. Check with the embassy of your destination(s) about regulations and documentation before you travel.
- **Consent for travel with minors.** If you are traveling alone with children, foreign border officials may require custody documents or notarized written consent from the other parent. Check with the embassy of your foreign destination before traveling to see what you may need.
- **International driving permit.** Many countries do not recognize a U.S. driver's license, but most accept an International Driving Permit (IDP). You may also need supplemental auto insurance.

GET INFORMED

- **Safety and security information.** Read the travel advisory and alerts for the countries you will be visiting at travel.state.gov/content/travel/en/international-travel/International-Travel-Country-Information-Pages.html. Review entry/exit requirements, visas, local laws, customs, medical care, road safety, etc. Write down contact details of the nearest U.S. Embassy or Consulate to carry with you in case of emergency while traveling.
- **Crisis planning.** Make an evacuation plan that does not rely on the U.S. government. Consider buying emergency evacuation insurance. If a crisis occurs while you are abroad, check-in with loved ones and update your social media status so family and friends know you are okay.
- **Health precautions.** Check out recommendations for vaccinations and other health considerations from the U.S. Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO).
- **Money matters.** Before going abroad, notify your bank and credit card companies of your travel, and check exchange rates. For information about using cash, debit

or credit cards, and automated teller machines (ATM) overseas, read information about your destination.

GET ENROLLED

- **Smart Traveler Enrollment Program (STEP).** Enroll for free at STEP.state.gov to receive travel and security updates about your destination, and to help federal officials reach you in the event of an emergency. Groups or organizations can create an account and upload a spreadsheet with contact details for multiple travelers.
- **Twitter and Facebook.** Follow TravelGov on Twitter (twitter.com/travelgov) and Facebook (www.facebook.com/travelgov).

Emergency Assistance

Sometimes, in spite of careful planning, things still go wrong during a trip abroad. The Bureau of Consular Affairs (CA) provides help for emergencies 24 hours a day, 7 days a week.

Contact the nearest U.S. Embassy or Consulate overseas at (888-407-4747 or 202-501-4444).

Chapter 7 | Travelers' Health: Frequently Asked Questions

WHAT VACCINES OR MEDICINES SHOULD I GET BEFORE TRAVELING TO MY DESTINATION?

It depends on where you are going and what you will be doing. Use the Centers for Disease Control and Prevention's (CDC) destination tool to find the vaccines and medications you need for your next trip, and schedule an appointment with your doctor or a travel medicine specialist at least a month before traveling, to get recommended or required vaccines and medicines.

IF I AM GOING ON A CRUISE THAT WILL STOP IN SEVERAL COUNTRIES, WHICH VACCINES SHOULD I GET FOR EACH COUNTRY?

You should be up-to-date on routine vaccines, such as measles-mumps-rubella (MMR), tetanus, and flu. Depending on where you are going and what activities you plan, other vaccines may be recommended.

WHAT IS THE DIFFERENCE BETWEEN ROUTINE, RECOMMENDED, AND REQUIRED VACCINES?

Routine vaccines are those that are recommended for everyone in the United States based on their age, health condition, or other risk

This chapter includes text excerpted from "Travelers' Health Most Frequently Asked Questions," Centers for Disease Control and Prevention (CDC), May 22, 2019.

factors. You may think of these as the childhood vaccines you got before starting school, but some are routinely recommended for adults, like the adult pertussis booster Tdap, and every year (such as the flu vaccine) or every ten years (such as the tetanus booster for adults).

A required vaccine is one that travelers must have in order to enter a country, based on that country's regulations. Yellow fever, meningococcal, and polio vaccines may be required by certain countries.

Recommended vaccines are those that the Centers for Disease Control and Prevention (CDC) recommends travelers to get to protect their health, even if they are not required for entry by the government of the country you are visiting. They protect travelers from illnesses that are usually travel-related. For example, a typhoid vaccine can prevent typhoid, a serious disease spread by contaminated food and water, which is not usually found in the United States. The vaccines recommended for a traveler depends on several things including age, health, and itinerary.

WHAT ARE THE PRICES OF VACCINES NEEDED FOR TRAVEL OUTSIDE THE UNITED STATES?

Prices vary by provider and insurance coverage. You should be able to get routine vaccines from your primary healthcare provider, health clinic, or health department. Travel clinics and yellow fever vaccine clinics should be able to give you any vaccines that your healthcare provider cannot.

HOW LONG DO TRAVEL VACCINES LAST (WHEN DO I NEED TO GET A BOOSTER DOSE)?

How long travel vaccines last depends on the vaccine. If you are traveling outside the United States, you should see a healthcare provider who is familiar with travel medicine at least a month before your trip. They can give you advice about any vaccines and vaccine boosters based on where you are going and your previous vaccinations. Be sure to bring your vaccine records to your appointment.

WHICH MEDICATIONS CAN I TRAVEL WITH?

When packing for trips abroad, do not forget there may be special considerations for bringing your prescriptions and other medicines with you. Some medicines that are commonly prescribed or available over-the-counter (OTC) in the United States can be illegal in other countries. Check with the Embassy or Consulate in the country you will be visiting to make sure your medicines are permitted in that country.

See your healthcare provider at least a month before you go to get any needed or extra medications, and pack medications in your carry-on in case your luggage is lost.

WHICH COUNTRIES REQUIRE A YELLOW FEVER VACCINE FOR TRAVEL?

Some countries in South America and Africa require you to provide proof that you have been vaccinated against yellow fever by presenting an International Certificate of Vaccination or Prophylaxis ICVP) when entering the country. However, there are other popular travel destinations where the threat of infection with yellow fever virus is very real, and there is no requirement for you to be vaccinated to enter the country.

If you only get the yellow fever vaccine before going to countries that require it, you could be putting your health at risk. Since yellow fever disease can be serious or even fatal, the CDC recommends that individuals be vaccinated when traveling to any areas where there is a risk of acquiring infection with the yellow fever virus.

Yellow fever vaccine is only available at the yellow fever vaccine clinic, so call ahead (well in advance of travel) and book your appointment.

Even if you get the yellow fever vaccine, you can still get other diseases from mosquito bites such as malaria, dengue, and Zika. The best ways to prevent mosquito-borne diseases are to use insect repellent while outdoors, wear long pants and long sleeves, and choose accommodations with air conditioning or mosquito nets. For travel to areas where malaria is a risk, taking medicine that can prevent malaria may also be advised.

HOW FAR IN ADVANCE OF MY TRIP DO I NEED TO GET THE YELLOW FEVER VACCINE?

For most people, it takes up to ten days after the vaccine is given to be protected against the yellow fever virus. If your destination requires a yellow fever vaccine, the proof of vaccination does not become valid until ten days after the vaccine is given.

WHERE CAN I GET A YELLOW FEVER VACCINE IN MY AREA?

The nearest yellow fever vaccination clinic may be far away from where you live, and appointments may be limited. Be sure to contact the clinic ahead of time.

WHO SHOULD NOT GET THE YELLOW FEVER VACCINE?

Some people should not get the yellow fever vaccine—infants younger than six months, or people with a history of a bad reaction to the vaccine should not receive yellow fever vaccine. If you have a thymus disorder associated with abnormal immune cell function (such as a thymoma or myasthenia gravis) you should not receive a yellow fever vaccine. If cancer, or the drugs or radiation used to treat cancer, has weakened your immune system, you should not receive yellow fever vaccine. If you received an organ transplant and take medicines to prevent rejection of that transplant, you should not receive yellow fever vaccine. Other conditions and medicines can also affect your immune system and could be a reason not to receive the yellow fever vaccine. Check with your doctor to find out more.

If you are older than 60 years of age, pregnant, or breastfeeding, talk to your doctor before getting a yellow fever vaccine. There are potential risks to your health from the vaccine. If you are infected with human immunodeficiency viruses (HIV), talk to your doctor; you may still be able to get the yellow fever vaccine, depending on your CD4 cell count and immune function. Infants 6 to 8 months old can receive yellow fever vaccine, although it is less risky to postpone travel to areas with yellow fever until the baby is nine months of age or older. After the age of nine months, the health risks from the vaccine are considerably lower.

IS ZIKA A RISK IN MY NEXT DESTINATION?

It is difficult to determine the risk of Zika in other countries. Zika frequently causes only mild symptoms, and people with Zika might not go to the doctor. If they go to a doctor, the doctor might not test for Zika or report cases to the government. A lack of reported cases does not mean a lack of risk. The CDC considers any country that has ever had Zika cases to have possible risk, but it cannot say how high or low that risk is.

The CDC recommends pregnant women and couples trying to become pregnant within the next three months to first talk to their healthcare providers and carefully consider the risks and possible consequences of Zika infection before traveling to areas that report past or current spread of Zika but no current outbreak. Pregnant women should avoid mosquito bites and sexual exposure during travel. If partner travels, avoid sex or use condoms for the remainder of the pregnancy. Women planning to conceive may wish to delay pregnancy.

The CDC continues to recommend that pregnant women not travel to areas where a Zika outbreak is occurring.

HOW CAN I CONTACT THE LOCAL U.S. EMBASSY?

1. Enroll with the nearest U.S. Embassy or Consulate through the Smart Traveler Enrollment Program (STEP). It is a free service that allows U.S. citizens to travel or living abroad to receive the latest security updates for their location.
2. If you need to contact a U.S. Embassy or Consulate, call 888-407-4747 (from the U.S. or Canada) OR 202-501-4444 (from other countries).

Part 2 | Types of Traveling That Pose Health and Safety Risks

Chapter 8 | Traveling across the United States

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Section 8.1 | Facts and Demographic Data of U.S. Travelers

This section includes text excerpted from "U.S. Resident Travel to International Destinations Increased Nine Percent in 2015," International Trade Administration (ITA), 2015. Reviewed April 2020.

The U.S. resident outbound market totaled 74.0 million in 2015, up 9 percent from 2014. Travel to overseas countries (32.8. million) increased 7 percent, to Canada (12.5 million) up 8 percent, and travel to Mexico (28.7 million), singly the largest outbound market, was up 11 percent.

The top 5 destination countries visited by U.S. residents in 2015 were: Mexico (28.7 million) and Canada (12.5 million), followed by the overseas countries of the United Kingdom (2.9 million), Dominican Republic (2.8 million) and France (2.4 million). Nine of the top ten destinations visited by U.S. travelers posted increases in 2015.

The top origin regions/states from which U.S. residents traveled to overseas destinations:

- Middle Atlantic States (New York, New Jersey, and Pennsylvania), with a 20 percent share of all U.S. regions, was down 8 percent from 2014.
- South Atlantic States (primarily Florida, Georgia, Virginia, Washington, DC, Maryland and North Carolina) accounted for 23 percent and travel was up 25 percent.
- Pacific States (California and Washington) generated 15 percent of outbound travel was down four percent from 2014.
- West South Central States (mainly Texas) registered a 12 percent share and travel was up 18 percent.
- Travel from East North Central (primarily Illinois, Ohio and Michigan) accounted for 10 percent and was up 7 percent.

U.S. OVERSEAS TRAVELER AND TRIP CHARACTERISTICS

Select highlights from 2015:

- Main trip purpose. Vacation/holiday estimated at 53 percent of U.S. overseas travelers was up 11 percent

in volume from 2014. Visiting friends and relatives (VFR) was the second-highest main trip purpose, at 27 percent, and was up 6 percent in volume from 2014. Business travel, as the main purpose of the trip, composed 10 percent of outbound travel; but volume was down 5 percent from 2014. Convention travel was 3 percent of travel and the number of convention travelers decreased 9 percent in 2015.

- The top ten ports of departure for U.S. citizens were New York (JFK), Miami (MIA), Atlanta (ATL), Los Angeles (LAX), Newark (EWR), Chicago (ORD), San Francisco (SFO), Washington (IAD), Houston (IAH) and Boston (BOS) which accounted for 76 percent of U.S. departures.
- Advance trip decision time and airline reservation time increased to an average of 102 days and 70 days prior to departure, respectively, in 2015 compared to 2014.
- As an information source for trip planning, airlines were most used (52 percent), along with online travel agencies (OTA) (32 percent) and conventional travel agencies (17 percent). More than a third of travelers booked directly through the airlines (39 percent), a majority booked indirectly via either an Internet booking service (31 percent) and/or a travel agency (18 percent).
- Prepaid package usage decreased slightly to 13 percent of U.S. travelers.
- The average length of stay (number of nights) outside the United States was 17.2 nights in 2015, down half day from 2014.
- Seven percent of travelers were on their first international trip, down from 2014, meaning the number of repeat travelers increased more. The average number of international trips taken by U.S. travelers in the last 12 months was 2.6, about the same as in 2014.
- The number of destinations visited averaged 1.8 in 2015. The percentage of people visiting only one

destination was again 57 percent. Those visiting three or more destinations were also 20 percent as in 2014.

- Travel party size held at 1.6.
- The modes of inter-city transportation used by U.S. travelers between destinations overseas were airline (65 percent, down from 66 percent in 2014), bus (20 percent), and railroad (14 percent). The top modes of intra-city transit were taxicab/limo (30 percent) and subway/tram/bus (20 percent). The use of private and/or rented autos was 39 percent and 12 percent, respectively. 5 percent traveled on cruise/riverboat for overnight trips. 7 percent took short scenic cruises or used a ferry/river taxi.
- Top leisure activities for U.S. travelers were sightseeing, shopping, visiting small towns/countryside, experiencing 'fine dining' (gastronomy), visiting historical locations, taking guided tours, visiting art galleries/museums, experiencing cultural/ethnic heritage sites, visiting national parks/monuments and nightclubbing.
- Average international airfare per visitor, per trip, was $1,237 USD, down 8 percent from 2014, and average expenditures (travel payments) per visitor, per trip, while overseas was $1,487, flat from 2014. The usage of credit cards increased slightly to 56 percent. Cash brought from home and cash withdrawn from an ATM using credit/debit cards and purchases using debit cards accounted for 44 percent.
- Airfare and convenient schedules were the main factors in airline choice. Over 81 percent 'paid' for the ticket without the use of awards, upgrades, or deeply discounted fares. 78 percent flew in coach or economy class.
- Travel insurance was purchased for the trip by 30 percent of respondents, up from 28 percent in 2014.
- Twelve percent visited a healthcare provider in advance of their trip, the same as in 2014.

DEMOGRAPHIC DATA

- Fifteen percent of respondents identified themselves as Hispanic. Sixteen percent identified as Asian, eight percent as Black, and two percent as American Indian/Alaskan Native or Hawaiian Islander. Fifty-nine percent of U.S. citizens who visited Asia in 2014 identified themselves as Asian. Fifty-two percent of those visiting South America had identified as Hispanic.
- Females composed slightly over half (50.3%) of U.S. travelers to overseas. The number of women travelers continues to increase. (In 2000 women were 39 percent of U.S. outbound.) The average age of male travelers was 45.0, slightly down from 2014; female travelers averaged 43.5 years, also slightly down from 2014.
- Average household income was $125,000, up from 2014. First-time traveler households reported $83,000 and repeat traveler households reported $129,000 annual income. Seven percent of traveler households earned $300,000 or more. Business and convention travelers earned an average of $153,000.

Section 8.2 | How Safe Is the United States for Travel

"How Safe Is the United States for Travel," © 2020 Omnigraphics. Reviewed April 2020.

The United States is one of the most popular destinations for travel and tourism in the world. The country is generally considered safe for tourists. However, since it is a large country, it definitely has places and parts of cities where tourists are required to exercise caution while visiting. Allies closer to the United States have warned their citizens about the risk of exploring the country. The country is very safe to travel and tourists are unlikely to experience any mass shooting or terrorist attack.

TRANSPORT AND TAXIS (LOW RISK)

Means of transportation are generally numerous, highly reliable and safe, but vary from city to city and from area to area.

PICKPOCKETS (LOW RISK)

Though the rate of petty crime is on a major decline and there are almost no pickpockets in the United States, it is advised for tourists to take proper care of their personal belongings especially in public transports and crowded places.

MUGGING (MEDIUM RISK)

The chances of being mugged or kidnapped are very low, and violent street crime is not a common occurrence, though it is better to avoid dangerous areas of some cities.

SCAMS (MEDIUM RISK)

As in many tourist locations, there may even be individuals in the United States seeking to con tourists. Look out for being distracted by someone flashing big signs in front of you or ATMs that appear to be tampered with.

NATURAL DISASTERS (MEDIUM RISK)

There are some environmental hazards in certain parts of the United States and they are characteristic of the places. For examples, earthquakes are a danger to the west coast, hurricanes for southern states, and wildfires for certain regions with exceptionally hot summer temperatures.

TERRORISM (MEDIUM RISK)

Despite the United States not being a target for any recent terrorist attacks, it is still important to remain cautious and aware of the surroundings at all times.

FOR WOMEN TRAVELERS (LOW RISK)

For female solo travelers, the United States of America is quite safe. Following basic precautionary steps should completely minimize the chances of anything going wrong.

- To avoid being a target, it is generally advisable not to wear conspicuous jewelry or expensive clothing.
- Do not carry excessive amounts of money in cash.
- Baggage must not be left unattended in any public area.
- Parcels and packages should not be accepted from strangers.

In case of any emergencies or serious issues, travelers can contact their respective Embassies and Consulates that function in the United States 24 hours a day, seven days a week.

References

1. "How Safe Is United States for Travel?" Travel Safe—Abroad, December 28, 2017.
2. "What They Really Think: America Seen through the World's Travel Warnings," CNN, August 10, 2019.

Chapter 9 | Traveling Abroad

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Section 9.1 | International Travel: Tips for Staying Healthy

This section includes text excerpted from "Your Health Abroad," U.S. Department of State (DOS), September 13, 2018.

GET HELP WITH A MEDICAL EMERGENCY ABROAD

If you or a U.S. citizen loved one becomes seriously ill or injured abroad, the U.S. Department of State (DOS) can:

- Assist in locating appropriate medical services
- Inform your family or friends, with your permission
- Help transfer funds to U.S. citizens overseas

The DOS does not pay medical bills. Payment of hospital and other expenses is the patient's responsibility.

You can find lists of doctors and hospitals in the country you are visiting on the U.S. Embassy or Consulate websites.

CHECK YOUR HEALTH INSURANCE—ARE YOU COVERED ABROAD?

Before you go abroad, learn what medical services your health insurance will cover overseas. If your health insurance policy provides coverage outside the United States, remember to carry both your insurance policy identity card as proof of insurance and a claim form.

Although some health insurance companies pay "customary and reasonable" hospital costs abroad, very few pay for your medical evacuation back to the United States. Medical evacuation can cost more than $50,000, depending on your location and medical condition.

WHAT ABOUT MEDICARE

In general, healthcare you get while traveling outside the United States is not covered by Medicare. In rare cases, Medicare may pay for inpatient hospital, doctor, ambulance services, or dialysis you get in a foreign country.

Senior citizens may wish to contact Medicare, the American Association of Retired Persons (AARP) or a travel agent for

information about foreign medical care coverage with private Medicare supplement plans.

TRAVEL INSURANCES

Travel Insurance versus Travel Medical Insurance—There is a Difference

- Travel Insurance insures your financial investment in your trip. Typically it covers things such as the cost of lost baggage and canceled flights, but it may or may not cover costs of medical attention you may need while abroad.
- Travel Medical Insurance covers the costs of medical attention you may need while abroad.

FIND A DOCTOR OR HOSPITAL ABROAD

For an authoritative reference on physicians abroad, consult the American Board of Medical Specialists.

You can find lists of doctors and hospitals in the country you are visiting on the U.S. Embassy and Consulate websites, under the "American Citizens Services" heading.

TRAVEL SMARTLY WITH PRESCRIPTION MEDICATIONS

- Bring an ample supply of medication to cover you for your trip, and if possible, a few extra days in case there are delays.
- Carry a letter from the attending physician that describes the medical condition and any prescription medications, including the generic name of prescribed drugs.
- Keep medications in their original, labeled containers.
- Check with the foreign embassy of the country you are visiting or transiting to make sure your medications are permitted in that country.

MEDICAL TOURISM ABROAD

It is estimated that thousands of U.S. citizens travel abroad for medical care each year. Medical tourism includes cosmetic surgery, dentistry, and other surgical procedures.

The U.S. citizens considering travel abroad for medical care should:

- Verify the doctor's training, qualifications, and reputation.
- Visit the U.S. Centers for Disease Control and Prevention (CDC) website for more information on medical tourism.
- Check the country information for more information about medical tourism in the country you are visiting.

INFORM YOURSELF ABOUT VACCINATION

Some countries require foreign visitors to carry an International Certificate of Vaccination, also known as a "Yellow Card," or other proof that they have had certain inoculations or medical tests before entering or transiting their country. Before you travel, check the country information and contact the foreign embassy of the country to be visited or transited through for current entry requirements.

OPTIONS DURING PANDEMIC

Although pandemics occur infrequently, planning and preparing for a pandemic is important to ensure an effective response. For more information about pandemics, visit the U.S. Centers for Disease Control and Prevention (CDC).

The U.S. citizens may not be able to travel internationally during a severe pandemic because travel may be restricted to reduce the spread of the virus. For example, governments may close borders suddenly and at times, without advance warning; commercial air, land, and sea carriers could suspend some or all services; and some countries may even quarantine people who appear sick. These developments could indefinitely delay your travel to the United States, another country, or another region.

Section 9.2 | Traveling Abroad for the Holidays

This section includes text excerpted from "Holiday Travel Tips," Centers for Disease Control and Prevention (CDC), November 12, 2019.

BEFORE YOU GO

Learn about Health Concerns at Your Destination

Even if you are familiar with your destination, new and important health concerns could make or break your trip. Once you are in the know, make an appointment with a travel medicine specialist or your healthcare provider at least a month before your trip to get vaccines, medications, and health advice for your children and yourself. Even if you are leaving soon, a visit to the doctor is still valuable.

Pack a Travel Health Kit

Your travel health kit may include prescription and over-the-counter medicines (enough to last your whole trip, plus a little extra), sunscreen, alcohol-based hand sanitizer, first-aid supplies, your health-insurance card, insect repellent, and condoms. Pack your prescription drugs and any must-have items in your carry-on bag in case your luggage gets lost.

Get Safety Information

For the latest safety updates and help in an emergency, enroll with the Smart Traveler Enrollment Program (STEP). Use the U.S. Department of State's (DOS) website to monitor travel advisories at your destination.

Plan for the Unexpected

Leave copies of your itinerary, contact information, credit cards, and passport with someone at home, in case you lose them during travel. Also, find out if your health insurance covers medical care abroad—many plans do not! Consider buying additional insurance that covers international healthcare and emergency evacuation, especially if you are traveling to remote areas.

DURING YOUR TRIP

Stay Safe on Roads

Always wear seat belts and choose safe transportation. Road accidents are the number one killer of Americans abroad. Buckle up and choose safe transportation. Ride only in marked taxis or ride-sharing vehicles, and avoid overcrowded, overweight, or top-heavy buses or vans. Be alert when crossing the street, especially in countries where people drive on the left. Children should always ride in age-appropriate car seats, even when traveling abroad. Bring car seats with you when you travel, because they may not be available or meet U.S. safety standards in many countries.

Prevent Bug Bites

Bugs, including mosquitoes, ticks, fleas, and some flies, can spread diseases that can cause death or severe and lasting consequences. Use an EPA-registered insect repellent made with one of the following active ingredients: DEET, picaridin, IR3535, oil of lemon eucalyptus (OLE), para-menthane-diol (PMD), or 2-undecanone. Follow instructions on the label carefully and reapply as directed. Remember the sunscreen/bug spray rule: Always apply sunscreen before bug spray.

Choose Food and Water Carefully

Contaminated food or drinks can cause travelers' diarrhea and other diseases. Travelers' diarrhea is the most common travel-related illness, especially in children. In developing countries, eat and drink safely. Eat only food that has been fully cooked and served hot. Do not eat fresh vegetables or fruits unless you can peel them yourself. Drink only bottled, sealed beverages, and avoid ice—it was likely made with tap water.

Protect Yourself in Any Temperature

When traveling to hot or cold climates, take steps to prevent temperature-related illnesses, injuries, and death. Wear sunscreen with SPF 15 or higher outdoors. Remember that sun protection is not just for the beach—you can get a sunburn even if it is cloudy

or cold! Protect yourself from extreme temperatures and sun exposure.

AFTER YOU RETURN

If you are not feeling well when you get home, let your doctor know where you have been, including all the places you went on your trip and what you did there. This information will help your doctor consider diseases or conditions not typically seen in the United States. Remember, some travel-related illnesses may not cause symptoms until after you return home.

Section 9.3 | Shopping Abroad

This section includes text excerpted from "Travel Tips," U.S. Customs and Border Protection (CBP), June 18, 2018.

DUTY-FREE SHOPS

Goods purchased in a duty-free shop are not automatically free of duty upon your return to the U.S. Personal exemptions—or the value of goods that do not require the traveler to pay duty will be $200, $800, or $1600 depending on the countries visited. At entry-level, you may include only very limited amounts of alcoholic beverages and tobacco products in your duty-free personal exemption.

GIFTS PURCHASE

- All items you receive as gifts while abroad and items you buy to give as gifts must be declared.
- Gifts may be included in the value of your duty-free personal exemption.
- Gifts for business or commercial purposes may not be included in your duty-free personal exemption.
- Gifts worth more than $5 that contain alcohol, tobacco products, and perfume containing alcohol may not be included as gifts in your duty-free personal exemption.

Do not gift wrap items you carry or send into the United States; they may need to be unwrapped during an inspection.

SENDING VERSUS CARRYING GIFTS AND OTHER ITEMS

- Gifts worth up to $100 may be sent—free of duty and tax—to U.S. friends and relatives if one person does not receive more than $100 worth of gifts in one day. If the gifts are sent from Guam, American Samoa or the U.S. Virgin Islands, the duty and tax-free gift amount rises to $200.
- Alcohol and tobacco products may not be sent duty-free as gifts.
- Gifts sent home do not have to be declared on CBP Declaration Form 6059B or the Customs and Border Protection Officers (CBP officers or CBPOs) when returning to the United States.

Mark the outside packaging of gifts sent home with:

- "Unsolicited Gift;" if sending gifts for more than one person in the package, add "Consolidated Gift Package"
- The total value of the consolidated package recipients' names
- To be duty-free, each item may not exceed $100. The traveler must list the nature and value of gifts being mailed.
- If sending new items for personal use, similarly mark the package with the nature and value of the items. The duty will be waived if the value is $200 or less. If more, duty may be assessed by the parcel carrier.

HOUSEHOLD ITEMS

Items used in your household abroad are duty-free if:

- You used them for at least one year while abroad.
- They are not intended for anyone else or for sale.
- Clothing, jewelry, photography equipment, electronics, and vehicles are personal effects and cannot be brought

or mailed duty-free as household effects. Duty is usually waived on personal effects more than a year old. You must pay duty for all vehicles.

- Whether purchased or received as gifts, prohibited items may never, by law, enter the United States. While they may seem innocent, the banned products can pose risks to human, animal, or plant health. Also, the prohibited item(s) may break the U.S. trade laws.
- Be cautious when buying from street vendors. If the merchandise is counterfeit (a fake) or unsafe, you may have to surrender it to CBP officers upon your return home.

Virtually all foreign-made medications are prohibited from being brought into the United States. For more information on Coverage of Personal Importations please visit the U.S. Food and Drug Administration's (FDA) website.

Section 9.4 | Overseas Business Travel

This section includes text excerpted from "Business Travel Abroad—Prepare Yourself Ahead of Time to Maximize Business," International Trade Administration (ITA), U.S. Department of Commerce (DOC), August 5, 2013. Reviewed April 2020.

It is important to visit overseas markets—before any transaction occurs. Many foreign markets differ greatly from the domestic market, and by visiting another country you can familiarize yourself with cultural nuances that may affect the design, packaging, or advertising of your product. Traveling abroad can generate new customers. As in the United States, clients and customers overseas often prefer to conduct business in person before concluding a transaction.

A successful business trip typically requires substantial planning. This section focuses on the many steps you need to take before traveling abroad and offers recommendations that will make the trip more successful.

OBTAINING ASSISTANCE FROM U.S. EMBASSIES AND CONSULATES

When planning a trip, you can discuss your needs and the services available at particular embassies with the staff of your local Export Assistance Center. You may also find it useful to read the appropriate Country Commercial Guide provided by the Department of Commerce (DOC).

Commercial and economic officers in U.S. embassies and consulates abroad assist U.S. exporters by providing in-depth briefings and arranging introductions to appropriate firms, individuals, or foreign government officials. Your local Export Assistance Center can help you access these services, or you can contact the embassy and consulate personnel directly. Arrangements should be made as far ahead as possible. You may also find it useful to read the appropriate Country Commercial Guide provided by the DOC.

Also, a description of your firm and the extent of your international experience would be helpful to U.S. government officials abroad. Addresses of U.S. Embassies and Consulates throughout the world are available on the U.S. State Department website at www.state.gov.

CONSIDERING CULTURAL FACTORS

Businesspeople who hope to profit from their travel should learn about the history, culture, and customs of the countries they wish to visit. Flexibility and cultural adaptation should be the guiding principles for traveling abroad on business. Business manners and methods, religious customs, dietary practices, humor, and acceptable dress vary from country to country. You can prepare for your overseas visits by reading travel guides, which are located in the travel sections of most libraries and bookstores.

Some of the cultural differences that the U.S. firms most often face involve business styles, attitudes toward business relationships and punctuality, negotiating styles, gift-giving customs, greetings, the significance of gestures, meanings of colors and numbers, and customs regarding titles.

The cultural anthropology literature has given many insights into how other countries do business and how to avoid cultural blunders. One example is that is considered a serious offense for

someone to touch them on the head. Useful to know? Maybe. But, it is hard to imagine in the United States or anywhere else business people meeting for the first time or even after several times and engaging in head touching or hair messing. So, by all means, read the literature and talk with people who know the culture. But, do not be intimidated and do not be reluctant to meet people. And do keep these general rules in mind.

Understanding and heeding cultural differences are critical to success in international business. Lack of familiarity with the business practices, social customs, and etiquette of a country can weaken your company's position in the market, prevent you from accomplishing your objectives, and ultimately lead to the failure of your exporting effort.

It is necessary to pay close attention to different styles of doing business and the degree of importance placed on developing business relationships. In some countries, business people have a very direct style, while in others they are more subtle and value personal relationships more than most U.S. businesspeople do. For example, in the Middle East, engaging in small talk before engaging in business is standard practice.

Attitudes toward punctuality vary greatly from one culture to another, and misunderstanding those attitudes may cause confusion. Romanians, Japanese, and Germans are very punctual, whereas people in many of the Latin countries have a more relaxed attitude toward time. The Japanese consider it rude to be late for a business meeting but acceptable—even fashionable—to be late for a social occasion. In Guatemala, though, one might arrive from 10 minutes early to 45 minutes late for a luncheon appointment.

When cultural lines are being crossed, something as simple as a greeting can be misunderstood. Traditional greetings include shaking hands, hugging, kissing, and placing the hands in praying position. The "wrong" greeting can lead to an awkward encounter.

People around the world use body movements and gestures to convey specific messages. Misunderstandings over gestures are common occurrences in intercultural communication and can lead to business complications and social embarrassment.

Proper use of names and titles is often a source of confusion in international business relations. In many countries (including Denmark, France, and the United Kingdom), it is appropriate to use titles until use of first names is suggested. First names are seldom used when doing business in Germany. Visiting business people should use the surname preceded by the title. Titles such as "Herr Direktor" are sometimes used to indicate prestige, status, and rank. This, however, address one another by first names and reserve last names for very formal occasions and written communications. In Belgium, it is important to address French-speaking business contacts as "Monsieur" or "Madame," whereas Flemish-speaking contacts should be addressed as "Mrs." or "Mr." To confuse the two is a great insult.

Understanding the customs concerning gift-giving is also important. In some cultures, gifts are expected, and failure to present them is considered an insult. In other countries, though, offering a gift is considered offensive. Business executives also need to know when to present a gift (on the initial visit or afterward, for instance); where to present the gift (in public or private, for example); what type of gift to present; what color it should be; and how many gifts to present.

Gift-giving is an important part of doing business in Japan, where gifts are usually exchanged at the first meeting. In sharp contrast, gifts are rarely exchanged in Germany and are usually not appropriate. Gift-giving is not a usual custom in Belgium or the United Kingdom either, although, in both countries, flowers are a suitable gift when you are invited to someone's home.

Customs concerning the exchange of business cards also vary. Although this point may seem of minor importance, card giving is a key part of business protocol. In Japan, for example, the Western practice of accepting a business card and pocketing it immediately is considered rude. The proper approach is to carefully look at the card after accepting it, observe the title and organization, acknowledge with a nod that the information has been digested, and perhaps make a relevant comment or ask a polite question.

Negotiating is a complex process even between parties from the same nation. It is even more complicated in international

transactions because of the potential misunderstandings that stem from cultural differences. It is essential to understand the importance of rank in the other country and to know who the decision-makers are. It is important to be familiar with the business style of the foreign company, to understand the nature of agreements there, and to know the significance of gestures and negotiating etiquette.

Through research or training, you can have a working knowledge of the business culture, management attitudes, business methods, and consumer habits before you travel abroad. That knowledge is very likely to have a positive effect on your overseas travel. Your local Export Assistance Center can provide what you need to make a strong first impression.

Section 9.5 | International Travel Issues for Americans

This section includes text excerpted from "International Travel Issues for Americans," USA.gov, March 24, 2020.

AMERICANS DRIVING OUTSIDE THE UNITED STATES

When visiting another country:

- You may need an International Driving Permit (IDP) or similar document in addition to your license to legally drive.
- Your American driver's license is good in the U.S. and Canada. For all other countries, check with the embassy or consulate of the country you are planning to visit.
- If you are planning to rent a car, contact the rental car company to learn about local driving and auto insurance requirements.

Get an International Driving Permit

- People with American driver's licenses can get an IDP only from the American Automobile Association (AAA)

or American Automobile Touring Alliance (AATA). National Automobile Club (NAC) is no longer issuing IDPs as of October 1, 2016.
- The cost is $20 for a permit plus shipping and handling fees.
- Beware of scams related to IDPs.

Note: The AAA also offers an Inter-American Driving Permit required in Brazil, Uruguay, and other countries in the western hemisphere.

CURRENCY EXCHANGE

Each country has its own currency to buy and sell products and services. The exchange rate between two countries tells you the price you pay to buy another country's currency.

Exchanging Currency

Research the costs and process of purchasing currency for a foreign country:

- Use online currency conversion tools. They let you compare the value of your country's currency to the value of other countries' currencies.
- Check the Federal Reserve Board's (FRBs) list of exchange rates for over 20 countries against the value of the U.S. dollar.
- Check with local banks to learn how to buy currency for another country.
- Compare the fees for using currency exchange booths, exchange machines, and ATMs.

If you use a credit card or ATM card abroad, the exchange rate will be different than the rates at currency exchange booths.

Cash Limits When Traveling Abroad or Entering the U.S.

- Look up the country or countries you plan to visit for their currency guidelines and country information.

- Find out if you must declare the amount of money you take out of the United States.

EMERGENCY HELP FOR AMERICANS ABROAD

If you are a U.S. citizen abroad or a relative of an American citizen needing help abroad, contact the closest U.S. Embassy for assistance. You can also visit the "Get Help in an Emergency" in the Department of State (DOS) website.

Learn How the Department of State Can Help in an Emergency

Embassies can help with:

- Natural disasters and foreign crises
- Lost or stolen passports
- Medical emergencies
- Crime or arrest
- Missing persons
- Parental child abductions
- Death abroad

Find Help Getting Money in an Emergency Abroad

The Department of State can assist you in an emergency if you need money transferred or wired. If you have no other way to get money, you may be able to get a temporary loan through the DOS or a U.S. Embassy or Consulate.

Note: If you get a loan through DOS or a U.S. Embassy or Consulate, you must repay it. You can repay your loan online using Pay.gov. Call 800-521-2116 from the U.S. or 843-746-0592 from abroad if you have any questions.

STAY SAFE WHEN TRAVELING ABROAD

To keep safe when traveling abroad:

- Enroll in the Smart Traveler Enrollment Program (STEP) to receive the latest travel updates and information.
- Check travel alerts and warnings from the Department of State (DOS).

- Review safety tips for Americans traveling overseas.
- Check health information and vaccine requirements for all of the countries you will visit.
- Know where to get help in an emergency.
- Check driving and insurance requirements, if you plan on driving.

Section 9.6 | Visiting Friends or Relatives in a Foreign Country

This section includes text excerpted from "Visiting Friends or Relatives in a Foreign Country," Centers for Disease Control and Prevention (CDC), September 9, 2016. Reviewed April 2020.

People who are traveling to a foreign country to visit friends or relatives (called "VFR travelers" by some professionals) are at a higher risk for some diseases. The risk is higher because VFR travelers generally stay longer than tourists, eat local food in people's homes, and may not take the same precautions (such as preventing bug bites) as tourists do. VFR travelers often do not see a doctor for vaccines and advice before they travel, possibly because of cost, cultural or language barriers, or limited time. If you are planning to travel overseas to visit friends or relatives, consider your increased risk of illnesses and plan accordingly.

MALARIA

Visiting friends and relatives (VFR) travelers are 8 to 10 times as likely to be infected with malaria as tourists, and in recent years, several VFR travelers have died of malaria after they returned to the United States. Many VFR travelers assume they are immune to malaria if they were born or lived a long time in a country with malaria, but any immunity disappears quickly after a person moves away. If you are going to a country with malaria, take malaria-prevention medicine according to your doctor's instructions, even if your friends and relatives who still live in the country do not.

Visiting friends and relatives travelers may think they can buy malaria medicine or other medicine more cheaply in the country they are visiting. However, you need to start taking malaria pills before you leave the United States in order to be protected. In addition, any medicine you buy outside the United States may be counterfeit—it may not have any active ingredients, or it may contain harmful substances. It is often impossible to tell real and counterfeit medicines apart, so bring all your medicine from the United States.

FOODBORNE ILLNESSES

Illnesses spread through contaminated food are common in VFR travelers, who often feel pressure to eat what they are served by family or friends. VFR travelers also do not have the same immunity to local bacteria as their friends and relatives do. Some foodborne illnesses, such as hepatitis A and typhoid, can be prevented with vaccines, but many others cannot. See a doctor before you travel to get any vaccines you may need, but also be very careful about what you eat and drink. In general, food that is cooked and served hot is safe to eat, and beverages from sealed containers are safe to drink. Avoid food served at room temperature, raw fruits or vegetables (unless they can be peeled), tap water, and ice made from tap water.

OTHER ILLNESSES

Other health considerations for VFR travelers include dengue and other infections spread by mosquitoes, as well as parasites in water, tuberculosis, and sexually transmitted illnesses and diseases. Before your trip, consult a travel medicine specialist who can give you customized advice on staying safe and healthy at your destination. At this consultation, you may be advised to use insect repellent, avoid swimming in freshwater, and to take other steps to help you enjoy your visit without worrying about getting sick or injured.

Section 9.7 | Getting Medical Care in Another Country

This section includes text excerpted from "Medical Tourism: Getting Medical Care in Another Country," Centers for Disease Control and Prevention (CDC), October 23, 2017.

Receiving medical care abroad can be risky. Learn about the risks and how to minimize them.

GOING ABROAD FOR MEDICAL CARE

Medical tourism refers to traveling to another country for medical care. It is estimated that thousands of U.S. residents travel abroad for care each year. Many factors influence the decision to seek medical care overseas. Some people travel for care because treatment is cheaper in another country. Others may be immigrants to the United States who prefer to return to their home country for healthcare. Still, others may travel to receive a procedure or therapy not available in the United States. The most common procedures that people undergo during medical tourism trips include cosmetic surgery, dentistry, and heart surgery.

RISKS OF MEDICAL TOURISM

The specific risks of medical tourism depend on the area being visited and the procedures performed, but some general issues have been identified:

- Communication may be a challenge. Receiving care at a facility where you do not speak the language fluently might increase the chance that misunderstandings will arise about your care.
- Medication may be counterfeit or of poor quality in some countries.
- Antibiotic resistance is a global problem, and resistant bacteria may be more common in other countries than in the United States.
- Flying after surgery can increase the risk of blood clots.

WHAT YOU CAN DO

- If you are planning to travel to another country for medical care, see a travel medicine provider at least four to six weeks before the trip to discuss general information for healthy travel and to learn about specific risks related to the procedure and travel before and after the procedure.
- Make sure that any current medical conditions you have are well controlled and that your regular healthcare provider knows about your plans for travel and medical care overseas.
- Check the qualifications of the healthcare providers who will be doing the procedure and the credentials of the facility where the procedure will be done. Remember that foreign standards for healthcare providers and facilities may be different from those of the United States. Accrediting groups, including Joint Commission International (JCI), DNV International Accreditation for Hospitals, and the International Society for Quality in Healthcare (ISQua), have lists of standards that facilities need to meet to be accredited.
- Make sure you have a written agreement with the healthcare facility or the group arranging the trip that define what treatments, supplies, and care are covered by the costs of the trip.
- If you go to a country where you do not speak the language, determine ahead of time how you will communicate with your doctor and other people who are caring for you.
- Take with you copies of your medical records that include lab results and other studies done related to the condition for which you are obtaining care and any allergies you may have.
- Bring copies of all your prescriptions and a list of all the medicines you take, including their brand names, generic names, manufacturers, and dosages.
- Arrange for follow-up care with your local healthcare provider before you leave.

- Before planning vacation activities, such as sunbathing, drinking alcohol, swimming, or taking long tours, find out if those activities are permitted after surgery.
- Get copies of all your medical records before you return home.

Chapter 10 | Studying Abroad

BEFORE YOU GO

- Learn about the country's health and safety concerns using the Centers for Disease Control and Prevention's (CDC's) destination tool (wwwnc.cdc.gov/travel/destinations/list), including other countries you may plan to visit while you are there.
- Make an appointment with a travel medicine specialist or your healthcare provider to get needed vaccines and medicines at least a month before you leave.
  - The CDC recommends all travelers be up to date on routine vaccines, such as influenza and measles-mumps-rubella (MMR). Make sure you have received two doses of the MMR vaccine prior to travel. Do not go unprotected!
  - Discuss your itinerary with your healthcare provider to make sure you get any destination-specific vaccines and medicines, such as yellow fever vaccine or medicine to prevent malaria.
  - Get all your routine health checkups, such as seeing your dentist, before you leave, because the quality of dental and medical care may be different in host countries or more expensive than in the United States.

This chapter includes text excerpted from "Studying Abroad," Centers for Disease Control and Prevention (CDC), August 28, 2019.

- Pack a travel health kit with your prescriptions and over-the-counter medicines (enough to last your whole trip, plus a few extra days), first-aid supplies, condoms, and your health insurance card.
  - Make sure your medicines are permitted and properly packaged and stored for travel to your destination. Medicines commonly prescribed in the United States may be prohibited or unavailable in the host country.
  - Pack your medicines in your carry-on luggage. You do not want to be stuck without them if your suitcase gets lost!
- Monitor travel warnings and alerts at your destination(s) through the U.S. Department of State website.
  - Enroll with the nearest U.S. Embassy or Consulate through the Smart Traveler Enrollment Program (STEP) to get safety updates and phone numbers in the event of an emergency.
- Prepare for the unexpected.
  - Find out if your health insurance covers medical care abroad—many plans do not. Consider buying additional insurance that covers healthcare and emergency evacuation.
  - Studying and long term travel abroad may result in culture shock, loneliness, or stress. Discuss coping mechanisms, make a plan for who to contact if issues arise while abroad, and tell your healthcare provider and your study abroad program about any existing mental-health issues.

DURING YOUR TRIP

- Follow security and safety guidelines.
  - Follow all local laws and social customs (including standards of dress and cultural norms.) Remember, while in your host country, you are subject to its laws.
  - Be familiar with and follow your educational institution's study abroad code of conduct.

  - Do not wear expensive clothing or jewelry, to avoid the risk of theft or loss.
  - Do not travel alone at night; travel with a companion if possible. Avoid dark alleys or other questionable areas.
  - Carry a photocopy of your passport and entry stamp; leave the actual passport in a secure place, such as a safe at your accommodation.
  - Carry the contact information for the nearest U.S. Embassy or Consulate with you.
- Always wear seat belts and choose safe transportation. Motor vehicle crashes are the number one cause of death among healthy U.S. citizens in foreign countries.
  - Use marked taxis or ride-sharing vehicles.
  - Be alert when crossing the street, especially in countries where people drive on the left.
  - Avoid overcrowded, overweight, or top-heavy buses or vans.
- Use condoms every time you have sex, to reduce your risk of sexually transmitted infections.
- Do not misuse alcohol or other drugs. Misuse may increase your risk of accidents or injuries, which have serious health consequences. It can also make you a target for crime.
- Use a reputable travel guide or tour company if you plan on doing any adventure travel activities like reef diving, surfing, or zip-lining.
- Seek healthcare immediately if you feel sick or get injured during your trip.

AFTER YOU COME HOME

- If you are not feeling well after you come home, you may need to see a doctor. Some travel-related illnesses may not cause symptoms until after you get home.
  - Be sure to tell your doctor about your travel, including where you went and what you did on your trip. This information will help your doctor consider infections that are rare or not found in the United States.

- If you become sick with a fever or flu-like illness up to one year after returning from an area where malaria is a risk, see a doctor immediately. Tell her or him that you have traveled to a place where malaria is present.

Chapter 11 | Volunteering Abroad

Thinking about taking part in an international volunteer opportunity? Here are some things to consider before you go, to help ensure you have safe and successful volunteer experience.

BEFORE YOU GO

Do Your Homework

- Independently verified the organization's history and experience in leading groups to volunteer abroad. Go beyond the brochures and marketing materials offered by the organization to ensure they have a record of successful and safe trips.
- Research how previous volunteers rated their experience and if there are credible complaints about the organization you are considering joining.
- Make sure the sponsoring organization thoroughly checks out the in-country organization before entering into a partnership with them, and personally inspects the in-country project site, documenting each visit.
- If your trip has you volunteering in an orphanage or working with children, make sure you do your research on it.
- Read up on your intended destination.
- Make sure all your travel documents, including your U.S. passport and visa, if necessary, are up to date.
- Check out health and disease conditions at your intended destination.

This chapter includes text excerpted from "U.S. Volunteers Abroad," Bureau of Consular Affairs, U.S. Department of State (DOS), May 2, 2018.

Does the international volunteer organization have:

SAFETY PLANS

- Risk assessment procedure, global risk management plan, and country-specific emergency response plans
- Predeparture security briefings
- 24/7 office support in case of an emergency
- First aid-qualified project staff
- Emergency evacuation plan

VOLUNTEER PREPARATION

- Orientation to educate volunteers on policies, destination country, and safety concerns
- In-country medical insurance, medical evacuation insurance, pretrip physicals, and vaccinations
- Handbooks or guides that include relevant historical, cultural, language, and environmental information
- Enrollment of all volunteers in the Department of State's Smart Traveler Enrollment Program, to help ensure the U.S. Embassy in your destination country can help you in case of emergency

WHILE YOU ARE THERE

In-Country Volunteer Support

Make sure the international volunteer organization:

- Works directly with host nation project leaders who speak local languages and know the location of nearby police stations and hospitals
- Has 24-hour local office support

Chapter 12 | Working Abroad

Increasingly, people seek international work to completely immerse themselves in the language and culture of their host country. Working abroad can provide many benefits, such as improving foreign language skills, networking with local employers, and developing flexibility and intercultural understanding. The skills learned abroad can be used later on the job in the United States—and may give some workers an advantage over those who do not have international experience.

But, before you pack your bags, there are some issues to consider. You will need a passport, identification, and money, of course; depending on where you are going, you might also need immunizations and travel visas. In addition, most countries require foreign workers to have a valid work visa, and the process of obtaining a visa can be difficult and time-consuming.

If you want to add international work experience to your resume, it is never too early to begin planning. Programs exist for people who are interested in a variety of careers—teaching, agriculture, business, and foreign relations, to name just a few.

Many of these programs are open only to current students or recent graduates and can require a lengthy application process. You may also need some time to locate a position on your own and to save enough money to support yourself while working abroad. Carefully identifying a program and planning ahead can make working abroad personally and professionally rewarding.

This chapter includes text excerpted from "Working Abroad Finding International Internships and Entry-Level Jobs," U.S. Bureau of Labor Statistics (BLS), U.S. Department of Labor (DOL), September 24, 2006. Reviewed April 2020.

This article describes some of the programs that help workers start careers in far-off places. It describes types of international work, including student internships and short-term work; U.S. government work; teaching, agricultural, and au pair positions; and volunteer opportunities.

THE BENEFITS OF WORKING ABROAD

Glance through most headlines, and you will see that globalization is a hot topic. The number of U.S. firms expanding abroad and the number of foreign companies operating in the United States have been growing. This global expansion of business is increasing the demand for globally minded employees.

As a result, knowledge of international business practices is becoming highly valued in job candidates. Often, the best way to learn these practices is by working abroad, even for a short time.

Professional Benefits

Temporary work abroad can provide numerous benefits for people who wish to land a permanent position in the future. The Institute for International Education of Students (IES) surveyed alumni from its study abroad programs.

According to those survey results, students were more likely to enter an international career if they had completed an internship while abroad. Studying in a non-English-speaking country and developing local professional contacts also increased their chances of finding international work in the future.

Working—rather than just studying—abroad helps students apply what they have learned in the classroom to the real world, boosting their qualifications and chances of landing a permanent position. Kristy Green studied in Spain during her senior year of high school, but it was her internship with a Spanish political party during college that cemented her career goals. As international studies and business major, Green wanted to show that she could apply what she had learned. "Although I had been abroad before, I lacked international work experience," she says. "With this experience, I expect to be able to get additional internships with

international responsibilities during my next two years of college and be above average in skill and experience when looking for a job after graduation."

Even if a permanent international position is not your goal, the skills you learn abroad can be applied to jobs in the United States. Jon Hills hopes that his experience teaching English and working for a translation company in Japan will help him find work in the Japanese financial industry. And that experience, in turn, will make him more marketable as a financial analyst in the United States. "Having a job overseas equivalent to one I would hold in the States is a worthwhile experience that will give me a huge advantage in the U.S. job market," says Hills.

Personal Benefits

In addition to professional advantages, there are personal benefits gained by working abroad. Having a temporary job abroad allows you time to explore different career options or to gain new experiences. Some people decide to work abroad between college and graduate school or before beginning a new job. They hope to learn more about themselves and what types of careers they want or to rest and reflect before beginning a new phase in their lives.

Experiencing other cultures is an attraction for most people who decide to work abroad. Living in a new culture provides different perspectives and helps increase the understanding of others. And some see in international work a chance to share with others who do not have a high standard of living enjoyed in the United States.

A WORLD OF WORK: OPTIONS FOR INTERNATIONAL JOBS

The first step to working abroad is to identify programs that match your interests. Programs can differ in their location, the assistance they offer, their costs, and more. So, it is important to research each program thoroughly before making substantial time and financial commitments.

When exploring programs, consider the following criteria:

Professional focus. There are programs that provide opportunities in nearly all professional disciplines. These programs can

provide insight into what it is really like to work in certain career fields.

Location of program. Programs exist in countries on every continent. A program's location can affect your satisfaction with your experience. Usually, people choose locations based on which languages they wish to learn or which countries they wish to visit. Other considerations include the country's standard of living and climate and whether the job is located in a big city or a small village.

Degree of cultural immersion. Exposure to local culture also varies among programs. Overseas interns who work for the U.S. government usually work in embassies, mostly interacting with American workers; in contrast, au pairs live with local families and interact mostly with residents of the host country.

Degree of pretrip job placement. Some programs only issue work visas and provide minimal assistance for locating employment and housing. In these programs, you are responsible for finding your own job and accommodations. Other programs arrange specific jobs and housing, based on your interests and needs.

Duration of the program. Programs vary in length, from several weeks to several years.

When narrowing your list of programs, learn about the qualifications required. Most programs have age or other restrictions. Others may have coursework or professional requirements. Some programs also require a specific level of language proficiency. Nearly all require a formal application, often due months in advance.

Chapter 13 | Humanitarian Aid Workers

Each year, tens of thousands of international humanitarian aid workers are deployed worldwide. Professional aid workers typically work within large organizations, which have the required infrastructure to properly support their personnel. They deploy to assist people in need during conflicts, natural disasters, outbreaks, the general need for healthcare or infrastructure, and more.

By contrast, nonprofessional responders may deploy with groups that lack the experience or resources necessary to deliver humanitarian aid on a large scale or for a long duration.

Humanitarian aid deployments can last weeks to years; during their time away from home, aid workers may find themselves in insecure environments and facing emotional stress. Risks to the health and well-being of aid workers include exposure to infectious diseases, safety and security threats, and mental-health challenges. Studies of long-term humanitarian workers indicate that more than 35 percent report a decline in their personal health during the mission. Among humanitarian aid workers, accidents and violence cause more deaths than disease or natural causes.

Aid workers traveling in the aftermath of a natural disaster may encounter floodwaters, debris, or other hazards. With careful preparation, though, aid workers can minimize the risks to their health. To protect others, self-protection is the key. Aid workers may also face challenges accessing healthcare. A carefully conducted pretravel evaluation, both medical and psychological, can reduce the likelihood of illness and the need for emergency repatriation from deployment.

This chapter includes text excerpted from "Humanitarian Aid Workers," Centers for Disease Control and Prevention (CDC), April 8, 2020.

BEFORE YOU GO

Schedule a visit with a travel medicine specialist at least a month before you travel. Get the vaccines, medicines, and advice you need to stay safe and healthy while you are traveling and make sure you are physically fit for the demands of the work. Even if you have traveled extensively, it is always good to have a healthcare provider review your vaccination history, any changes in your health, and your destination. If you anticipate being gone for more than six months, a dental checkup before you leave is also a good idea.

Aid work can be demanding, and medical facilities in disaster areas are often strained or nonexistent. If you are pregnant, or have a serious chronic illness, such as heart disease or diabetes, consider whether there are ways for you to support the response that does not include international travel.

Before departure, enroll with the U.S. Department of State's (DOS) Smart Traveler Enrollment Program (STEP). This will ensure that the local U.S. Embassy or Consulate is aware of your presence and can provide you with notifications and include you in evacuation plans.

AVOIDING INJURY IN A DISASTER AREA

Injuries and motor vehicle accidents are common travel risks anywhere in the world. Select safe transportation, always wears a seatbelt, avoid overloaded buses, and if possible, do not travel at night.

Be sensitive to possible physical dangers such as debris, unstable buildings, and downed power lines. In a conflict area, be aware of landmines or other explosive hazards. Before departing, check the DOS Bureau of Consular Affairs (CA) website (travel.state.gov) to get up-to-date security precautions and advice on your destination.

WHAT TO PACK

As an aid worker, you will likely need to pack more items than other travelers, especially if you are going to areas where supplies are limited or the water supply is compromised. Depending on the length of your deployment, you may also need to plan to replenish basic health items.

In addition to your travel health kit, consider whether you might need:

- First-aid supplies
- Water filter or purification tablets
- Nonperishable food
- Gloves (rubber or leather)
- Bed net (in areas with malaria)
- Extra pair of prescription glasses
- Toilet paper
- Sewing kit
- Laundry detergent
- Flashlight and spare batteries
- Candles and matches or lighter
- Zip-top bags
- Safety goggles
- Condoms
- Menstrual supplies
- Photocopies of important documents, such as your passport and medical license (and leave copies of these documents at home with a loved one)

AFTER YOUR TRIP

If you become sick after returning or were injured during your trip, seek medical help immediately after you return. Make sure your doctor knows that you recently returned from doing aid work overseas.

It is not unusual for aid workers to report feelings of depression after returning home. Take time to rest and readjust. If you continue to feel depressed, tell friends or family, and you may wish to seek counseling.

Chapter 14 | Travel to Mass Gatherings

Whether the event is planned years in advance (World Cup) or happens more spontaneously (street celebrations), events that draw huge crowds can come with unique risks to travelers including increasing the spread of infectious diseases.

WHAT RISKS SHOULD YOU BE WORRIED ABOUT?

Mass gatherings involve a large number of people (sometimes in the millions) at a specific location, for a specific purpose, during a defined time frame.

Risks caused by crowding you should be aware of include:

- Poor hygiene at or around temporary food and sanitation facilities
- Challenging security situations
- Sun and heat exposure
- Diseases caused by bug bites (such as malaria, dengue, Zika, chikungunya, Lyme, and yellow fever).
- Increased risk of preventable diseases due to an influx of people:
  - Flu
  - Measles
  - Middle East respiratory syndrome (MERS)
  - Hepatitis
  - Travelers' diarrhea

This chapter includes text excerpted from "Travel to Mass Gatherings," Centers for Disease Control and Prevention (CDC), July 16, 2019.

WHAT CAN YOU DO TO PROTECT YOURSELF?

Before Your Trip

- Check your destination for health risks and safety concerns.
- Consult with your doctor or a travel medicine provider at least a month before your trip to allow time to receive vaccinations, medicines, and advice that you may need. Discuss your itinerary and any planned activities with your provider so that she or he can make customized recommendations to ensure a healthy and safe journey.
  - Make sure you are up-to-date on all of your routine vaccines, including measles-mumps-rubella (MMR). Measles and other infectious diseases can spread quickly in a large group of unvaccinated people.
- Enroll with the Department of State's Smart Traveler Enrollment Program (STEP). You can subscribe to receive notifications on travel warnings for your destination. Enrolling also ensures that the Department of State knows where you are if you have serious legal, medical, or financial difficulties while traveling. In the event of an emergency at home, STEP can also help friends and family contact you.
- Pack a travel health kit complete with bug spray, sunscreen, aloe, over-the-counter (OTC) medicines, prescription medicines, a first aid kit, and more. Be sure to bring enough of your prescription medicines to last for the whole trip, plus a little extra, just in case.
  - Be sure that all your medicines are permitted in the country where you are traveling, even if you're just passing through.

During Your Trip

- Do not go to a mass gathering event if you are feeling sick.
- Pay attention to your surroundings, and be aware of large crowds.
- If you are stuck in a crowd crush (sometimes called a "stampede"), keep your hands in front of your chest like

a boxer and keep a firm footing. Do not resist the force of the crowd; when there is a lull in movement, work your way diagonally to the edge of the crowd. Try to stay on your feet, but if you fall down, protect yourself by curling into a ball. Stay calm and get up as soon as you can.

- In case of a fire, remember that heat and smoke rise; crouch down low to get oxygen.
- Locate emergency exits, and arrange a place to meet your family or traveling companions if you get separated.
  - Wash your hands regularly (use hand sanitizer if handwashing facilities are not available).
  - Avoid sun exposure, bug bites, and hot temperatures.
  - Use sunscreen and bug spray while outdoors. Apply sunscreen first, let it dry, and then apply bug spray. Reapply as directed.
  - Use personal umbrellas or hats to shade yourself from the sun, especially during the hottest parts of the day.
  - Avoid being outdoors in the hottest times of the day. If you are on Hajj or Umrah, perform rituals at night when possible to avoid the hottest temperatures of the day and during nonpeak hours to avoid crowds.
- Choose only bottled water and foods served hot to avoid foodborne diseases.
- Stay hydrated; bring bottled water to take with you while at an event.
- If you feel sick at any time during your trip go to a doctor.

After Your Trip

If you feel sick after you return from your trip, visit a doctor or a travel medicine specialist immediately and make sure you tell them about your recent travel.

Chapter 15 | Long-Term Travelers and Expatriates

Going to be spending a long time in another country or moving to a new country? Make plans to protect your health while you are away.

BEFORE YOU GO

- **See your doctor and dentist at least a month before you leave.** Identify and address health issues before you leave instead of taking care of emergencies when you are away. If you have serious or chronic health or dental issues, visit your doctor or dentist more than a month in advance of your travel.
- **Talk to your doctor about what vaccines you will need,** including travel-related vaccines and booster shots of routine vaccines. Get the vaccines now that will protect you for any additional trips you may take while abroad.
- **Consider how you will pay for healthcare.** If you go to a hospital or clinic overseas, be prepared to pay out of pocket (in cash) for any services they provide. Even if you are healthy, think about buying travel health and medical evacuation insurance to cover you in an emergency.
- **Plan where you will go if you get sick or hurt.** Contact the U.S. Embassy, Consulate, or diplomatic mission at your destination for a list of in-country clinics. The International Association for Medical Assistance to Travelers (IAMAT) maintains a network of physicians and clinics abroad.
- **Know about medications.**

This chapter includes text excerpted from "Long-Term Travelers and Expatriates," Centers for Disease Control and Prevention (CDC), January 3, 2020.

  - Check with the U.S. Embassy, Consulate, or diplomatic mission at your destination to learn if the medicines you plan to bring with you are permitted in the country. Even with a prescription from your doctor, they may be prohibited.
  - Bring enough medicine to cover the time you will be away. Do not plan to buy medicine refills overseas. Counterfeit medicines are sold in some countries.
  - Traveling for longer than a month? Plan with your doctor about how you will get medication refills. In general, medicines cannot be shipped overseas, and foreign pharmacies will not accept prescriptions written by doctors from other countries.
- If traveling with children, bring car seats because they may not be available in many countries or meet the U.S. safety standards.
- If you plan to travel with a pet (or bring one back with you to the United States), make sure your pet meets the requirements of your destination country as well as to return to the United States.

DURING YOUR TRIP

- **Prevent injuries.** The number one cause of preventable death in travelers is injuries, particularly in traffic accidents.
  - Always wear a seatbelt and do not ride in vehicles that do not have them available. Children should ride in car seats.
  - When possible, hire a local driver. Ask your hotel or a trusted source for a reliable driver or taxi company.
  - Try to travel with others and not alone.
  - Do not drink and drive and do not travel with a driver who has been drinking.
  - Do not travel on overloaded buses or minibuses.
- **Be careful swimming, diving, or boating.** Drowning is another major cause of death when traveling. Take precautions when in or near water.

- Use proper equipment such as life jackets.
- Never swim alone or in unfamiliar waters, near storm drains or wastewater runoff.
- Do not dive in shallow waters.
- **Protect yourself against nonvaccine-preventable diseases.** Not all diseases can be prevented by vaccines, so take other measures to protect yourself.
  - Avoid diseases spread by mosquitoes or other bugs
  - Wear long-sleeved shirts and long pants.
  - Use the U.S. Environmental Protection Agency (EPA)-registered insect repellent when you go outside.
  - Choose accommodations with air conditioning or intact window and door screens or sleep under a bed net. Open windows only if they have screens.
  - If your doctor prescribes medicine to prevent malaria, try to bring enough with you to last your entire trip; if you are not able to get the full amount, speak to your doctor about how to obtain refills while you are away. Closely follow the instructions for taking this medicine. If you will be moving to a new country, talk to your doctor about finding a source for malaria medication at your destination.
  - Travelers' diarrhea
  - Be careful about what you eat and drink.
  - Only eat food that is cooked and served hot, peeled, or in a factory-sealed package.
  - Avoid eating raw foods such as vegetables and fruits that cannot be peeled unless they can be washed in safe water.
  - Drink only factory-sealed bottled water, sodas, or sports drinks.
  - Avoid drinks with ice, as the ice could be made with tap or well water.
  - Before taking antibiotics, talk to your doctor.
  - Avoid animal exposures. Do not pet or handle animals. Even kittens and puppies can spread disease.
  - If an animal bites, scratches, or licks you, wash the area immediately and thoroughly with soap and water.

  - Call a doctor to find out if medication or preventive treatment for rabies is needed.
  - Sexually transmitted infections
  - Pack condoms and use one with every sexual encounter. Use condoms bought in the United States. Those sold in other countries may not be up to the U.S. standards.
- **Protect your mental health.** Adapting to a new culture, lifestyle, and ways of doing things in other countries—especially if you do not speak the language—can be stressful.
  - Eat healthily and exercise regularly.
  - Maintain your support network by staying in close contact with loved ones at home.

AFTER YOUR TRIP

- Consider seeing a doctor for a check-up after you return. A medical visit after travel is particularly recommended for long-term travelers such as expatriate workers, Peace Corps volunteers, or highly adventurous travelers.
- If you are not feeling well after you return home, and for up to a year after travel, see a doctor immediately and tell them all the places you traveled and what you did there.

Chapter 16 | High-Risk Area Travel

In its travel information, the Bureau of Consular Affairs (CA) warns people not to visit certain high-risk countries and areas both because of local conditions and because the Bureau is limited in its ability to provide consular services in those places.

The Bureau of Consular Affairs wants you to know the danger of traveling to high-risk places and to strongly consider not going to them at all. Traveling to high-risk locations puts your life, and possibly the lives of others, in jeopardy. Traveling to high-risk areas puts you at increased risk for kidnapping, hostage-taking, theft, and serious injury.

WHAT THE STATE DEPARTMENT CAN AND CANNOT DO IN HIGH-RISK AREAS

- You are subject to the laws and the legal system of the country you are visiting.
- Officials in many high-risk areas cannot help you. This may be because of a lack of a functioning government, the ineffectiveness or policies of local authorities, armed conflict, or poor governance.
- In many countries where the United States does not maintain diplomatic or consular relations, the U.S. government has no means to provide consular services to U.S. citizens. In the limited number of countries where the United States has an official Protecting Power

This chapter includes text excerpted from "High-Risk Area Travelers," Bureau of Consular Affairs, U.S. Department of State (DOS), November 6, 2019.

arrangement with another country, very limited assistance may be available.
- In a crisis in a high-risk area, travelers may have to rely on local resources to resolve matters.

TRAVEL TIPS

Please take a moment to review travel recommendations from:

- The U.S. Department of State (DOS)—Bureau of Consular Affairs (travel.state.gov/content/travel/en/international-travel/International-Travel-Country-Information-Pages.html)
- The Overseas Security Advisory Council, a public/private partnership of major U.S. corporations with the State Department's Bureau of Diplomatic Security (www.osac.gov/Content/Browse/Report)
- The Federal Bureau of Investigation (travel.state.gov/content/dam/NEWTravelAssets/pdfs/FBI%20business-travel-brochure%20(2).pdf)

BEFORE YOU GO TO A HIGH-RISK AREA

For those who after careful consideration decides to go to high-risk areas, the Bureau strongly encourages you to:

- Enroll your trip with the State Department's Smart Traveler Enrollment Program (STEP).
- Draft a will and designate appropriate insurance beneficiaries and/or power of attorney.
- Discuss a plan with loved ones regarding care/custody of children, pets, property, belongings, nonliquid assets (collections, artwork, etc.), funeral wishes, and so on.
- Share important documents, login information, and points of contact with loved ones so that they can manage your affairs if you are unable to return as planned to the United States.
- Establish your own personal security plan in coordination with your employer or host organization, or consider consulting with a professional security organization.

- Develop a communication plan with family and/or your employer or host organization so that they can monitor your safety and location as you travel through high-risk areas. This plan should specify who you would contact first and how they should share the information.
- Identify key sources of possible assistance for you and your family in case of emergency, such as the local U.S. Embassy or Consulate, the FBI, the State Department, your employer (if traveling on business), and local friends/family in the high-risk area.
- Be sure to appoint one family member to serve as the point of contact with hostage-takers, media, U.S. and host country government agencies, and members of Congress if you are taken hostage or detained.
- Establish a proof-of-life protocol with your loved ones, so that if you are taken hostage, your loved ones can know specific questions (and answers) to ask the hostage-takers to be sure that you are alive (and to rule out a hoax).
- Leave DNA samples with your medical provider in case it is necessary for your family to access them.
- Erase any sensitive photos, comments, or other materials from your social media pages, cameras, laptops, and other electronic devices that could be considered controversial or provocative by local groups.
- Leave your expensive/sentimental belongings behind.

Chapter 17 | Types of Travel

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Section 17.1 | Adventure Travel

This section includes text excerpted from "Adventure Travel," Centers for Disease Control and Prevention (CDC), January 22, 2018.

From trekking the Inca Trail to surfing off the shores of Bali, adventure travel has become a popular way to explore new destinations and test your physical abilities. Adventure travel includes "extreme" activities such as mountaineering, backpacking, diving, surfing, bungee jumping, rafting, zip-lining, and paragliding.

RISKS OF ADVENTURE TRAVEL

Adventure activities, both at home and abroad, carry some risk of injury. If you travel to a remote location, some additional risks to consider include:

- Limited or no access to medical care
- Unreliable communication that can delay emergency response
- Unexpected weather changes that can make safety challenging and rescue efforts more difficult

Do not forget about your usual outdoor risks (such as sunburn and bug bites) too!

BEFORE YOU GO

- Learn about health concerns at your destination.
- Make an appointment with a travel medicine specialist or your healthcare provider to get needed vaccines and medicine at least 4–6 weeks before you leave. Talk to the doctor or nurse about any planned adventure activities in case there are special precautions for you.
  - If your destination is at a higher altitude (8,000 feet or more above sea level), talk to your doctor or nurse about prescribing medicine to prevent altitude illness.
- Train properly for your trip. Many adventure tours and activities can be physically demanding, so it is important to be fit before your vacation.

- Pack a travel health kit with your prescription and over-the-counter (OTC) medicines (enough to last your whole trip, plus a little extra), first-aid supplies, and your health insurance card. Depending on where you are going, you should also consider packing sunscreen, alcohol-based hand sanitizer, and insect repellent.
- Use a reputable travel guide or tour company. Look for a company that has been in business for several years, has a current operating license, and is a member of relevant professional associations, such as the local board of tourism. Ask for references, and do not be afraid to ask questions!

DURING YOUR TRIP

- Wear protective gear (such as a helmet or life jacket) when doing adventure activities, and follow your adventure guides' safety instructions.
- If you are traveling to a higher altitude, avoid altitude sickness by ascending gradually. If you are going quickly from low to a high elevation, take altitude medicine to prevent getting sick.
- Avoid swimming in freshwater such as lakes and rivers. Infections such as schistosomiasis and leptospirosis are spread by contact with fresh water.
- Do not drink alcohol before or during outdoor activities. Alcohol can slow down your reaction time and impair your coordination.
- Wear sunscreen with SPF 15 or higher outdoors. Remember that sun protection is not just for the beach—you can get a sunburn even if it is cloudy or cold!
- Avoid stray, wild, or frightened animals. In addition to the risk of rabies, all animal bites carry a risk of bacterial infection.
- If your doctor prescribes medicine for you to prevent malaria, be sure to take the medication as directed throughout your trip.
- If you become ill with a fever either during or after traveling to a malaria-risk area (for up to one year), you

should get immediate medical attention. Tell the doctor about your travel to a malaria-risk area.

AFTER YOUR TRIP

- If you are not feeling well after your trip, you may need to see a doctor. For help finding a travel medicine specialist, you can find a clinic here (wwwnc.cdc.gov/travel/page/find-clinic).
    - Be sure to tell the doctor about your travel, including where you went and what you did on your trip. Also, tell the doctor if you were bitten or scratched by an animal or were around any sick people while traveling. This will help your doctor understand your symptoms, consider or exclude certain infections, and avoid unnecessary testing.
- If your doctor prescribed antimalarial medicine for your trip, keep taking the rest of your pills after you return home.

TRAVEL AND EVACUATION INSURANCE

Be aware that if you are injured during your trip, your health insurance might not cover the healthcare you receive abroad. Check with your health insurance provider before you go to see if your policy will cover any medical care in another country. If not, consider buying travel health and evacuation insurance.

- Look for gaps in your insurance coverage. For example, your health insurance might not cover medical evacuation if you cannot receive needed treatment where you are. Evacuation by air ambulance can cost more than $100,000 and must be paid for in advance by people who do not have insurance.
- Evacuation companies often have better resources and experience in some parts of the world than others. Ask about their resources in a given area before you buy, especially if you are planning a trip to a remote destination.

Section 17.2 | Travel to the Extreme

This section includes text excerpted from "Travel to the Extreme," Centers for Disease Control and Prevention (CDC), January 28, 2019.

IS AN OFF-THE-GRID ADVENTURE ON YOUR BUCKET LIST THIS YEAR?

From frigid Antarctica to the uninhabited islands of the Pacific—be ready when you go where most do not.

Adventure travel has become a popular way to explore new destinations and test your physical abilities. Adventure travel includes "extreme" activities such as mountaineering, backpacking, diving, surfing, bungee jumping, rafting, zip-lining, and paragliding.

Many adventure travelers also enjoy skipping the tourist-filled areas and opting for harder-to-reach locales. Some of the best travel experiences can take place in the middle of nowhere. However, traveling to a far-flung destination for adventure can require a bit more prep work than a typical vacation.

BEFORE YOU GO

Adventure activities, both at home and abroad, carry some risk of injury. Remote locations can pose additional risks:

- Limited or no access to medical care
- Unreliable communication that can delay emergency response
- Unexpected weather changes that can make safety more challenging and rescue efforts more difficult

Here are some healthy travel tips to know before you head off on your adventure:

Get a Healthy Start

- Use the CDC's website (wwwnc.cdc.gov/travel/destinations/list) to learn about health and safety concerns at your destination.

- Make an appointment and discuss your itinerary with your healthcare provider to get needed shots and medicines at least a month before you leave.
  - Make sure you are up to date on routine vaccines, such as influenza and measles, mumps, and rubella (MMR). Due to risk of injury, you may also want to consider a tetanus vaccine.
  - Talk with your doctor or nurse about any planned adventure activities.
- Train properly for your trip. Many adventure tours and activities can be physically demanding, so it is important to be in shape before your trip.

Prepare for the Unexpected

- Make sure you have health insurance that will cover you in case of an emergency. Consider travel health and evacuation insurance to cover any gaps in your coverage.
- Leave copies of your itinerary, contact information, credit cards, and passport with someone at home, in case you lose them during travel. Also make sure someone at home knows how to reach you in an emergency, and carry your emergency contacts with you at all times.
- Enroll with the Smart Traveler Enrollment Program (STEP) at travel.state.gov/content/travel/en/international-travel/before-you-go/step.html to get safety updates and phone numbers you might need in an emergency at your destination.

DURING YOUR TRIP

Take your doctor's advice. If your doctor prescribes medicine for you to prevent malaria, take the medication as directed throughout your trip and after.

- Be careful when swimming, boating, or diving, especially in countries where emergency services may not be quickly available.
- Avoid swimming in freshwater such as lakes and rivers. Infections, such as schistosomiasis and leptospirosis are

spread by contact with fresh water. Talk to your doctor if freshwater adventure is in your plans.

- Protect yourself from extreme temperatures, sun exposure, and wet weather. Adventure travel involves certain risks, such as extreme weather.
  - When traveling to extremely hot or cold climates, take steps to prevent temperature-related illnesses and injuries, such as avoiding activities during the hottest part of the day in hotter climates and wearing warm clothing with several loose layers in colder climates.
  - Prevent altitude illness. If you are traveling to a high altitude, avoid altitude illness by ascending gradually. Consider getting medication from your doctor to help with altitude sickness.
  - Wear protective gear (such as a helmet or life jacket) when doing adventure activities and follow your adventure guides' safety instructions.
- Prevent insect bites. Use insect repellent to protect against diseases spread by mosquitoes such as Zika, dengue, chikungunya, and malaria.
  - Use a U.S. Environmental Protection Agency (EPA)-registered insect repellent with one of the following active ingredients: DEET, picaridin, IR3535, oil of lemon eucalyptus/para-menthane-diol, or 2-undecanone.
  - Always apply sunscreen first, let it dry, and then apply insect repellent. Be sure to follow instructions on the label, and reapply both as directed.
- Avoid animals, including pets, local farm animals, and wild animals. In addition to the risk of rabies, all animal bites carry a risk of bacterial infection.
- Always wear seat belts and choose safe transportation. In many developing countries, there may be poor road surfaces without shoulders, unprotected curves and cliffs, and no streetlights.
- Be careful when indulging in the local cuisine. If you are visiting a developing country:

- Eat only food that has been fully cooked and served hot.
- Do not eat fresh vegetables or fruits unless you can wash or peel them yourself.
- Drink only bottled, sealed beverages, and avoid ice—it was likely made with tap water.
- If you are camping, hiking, or staying in a remote area, learn how to disinfect your drinking water before you go.

AFTER YOUR TRIP

If you do not feel well after your trip, you may need to see a doctor. Some travel-related illnesses may not cause symptoms until you get home. Tell your doctor about your travel, including where you went and what you did on your trip.

Section 17.3 | Last-Minute Travelers

This chapter contains text excerpted from the following sources: Text beginning with the heading "Pretravel Care" is excerpted from "Last-Minute Travelers," Centers for Disease Control and Prevention (CDC), January 8, 2018; Text beginning with the heading "Health Counseling" is excerpted from "Preparing International Travelers—Last-Minute Travelers," Centers for Disease Control and Prevention (CDC), June 21, 2019.

PRETRAVEL CARE

Even if you are leaving soon, a quick visit to a travel medicine provider can help protect you at your destination. Ideally, you should see a healthcare provider at least four to six weeks before your international trip to get needed vaccines or medicines. But, there may be options for getting the vaccines and medicines you need even if you are a last-minute traveler. Your doctor or nurse will also counsel you on other ways to reduce your risk of illness or injury during travel.

VACCINES

The vaccines you need will depend on your destination and planned activities. You can search The Centers for Disease Control and

Prevention's (CDC) Destination pages for a list of vaccines you might need for your trip. Many travel vaccines require multiple shots or take time to become fully effective. But, some multiple-dose vaccines (like hepatitis A) can still give you partial protection after just one dose. Some can also be given on an "accelerated schedule," meaning doses are given in a shorter period of time.

Proof of yellow fever vaccination is required to enter some countries. This proof is not valid until 10 days after you get the vaccine because of the time it takes for the medicine to protect you, so you may need to change your travel plans if you cannot get the vaccine soon enough.

The CDC recommends all travelers be up-to-date on routine vaccines, including measles-mumps-rubella (MMR), diphtheria-tetanus-pertussis, varicella (chickenpox), polio, and influenza. Talk to your doctor or nurse about what vaccines are needed for your trip.

MALARIA PREVENTION

If there is a risk of malaria at your destination, your healthcare provider may prescribe medicine to prevent malaria. Some drugs must be started one to two weeks before you go, while others only need to be started one to two days before you go. Be sure to let your doctor or nurse know if you are leaving soon, so they can prescribe the right medicine for you. You will still need to take steps to prevent mosquito bites during travel since malaria drugs are not 100 percent effective and they do not protect against other diseases spread by mosquitoes (such as Zika, dengue, and chikungunya).

PREVENT ILLNESS AND INJURY

Not all diseases can be prevented with vaccines or pills. There are simple but important precautions you should take to avoid getting sick abroad:

- Wear a U.S. Environmental Protection Agency (EPA)-registered insect repellent to prevent mosquito bites, which can spread serious diseases.

- Reduce your exposure to germs by washing your hands often with soap and clean water (if available) or use hand sanitizer (made with at least 60% alcohol).
- Be careful about what you eat and drink. Contaminated food or drinks can cause travelers' diarrhea and other diseases.
- Avoid stray, wild, or frightened animals. In addition to the risk of rabies, all animal bites carry a risk of bacterial infection.
- Pack a travel health kit with your health items and supplies, including your prescription and over-the-counter (OTC) medicines.

Talk with your healthcare provider about other precautions you should take, based on your destination and circumstances. If you are planning a trip on short notice, do not put off making an appointment with a travel medicine provider. Even if you are leaving tomorrow, you should still visit your doctor or nurse to get needed medicine and health advice for a safe and healthy trip.

HEALTH-COUNSELING ADVICE

Pretravel counseling is critical for last-minute travelers. During your risk assessment, determine prior knowledge and experience with travel health risks. Focus on major risks of the trip and deliver simple messages about prevention and self-care. Provide travelers with education and prescriptions for travelers' diarrhea and, if indicated, altitude illness. Encourage last-minute travelers to purchase all medications in the United States before departure to avoid buying medications that may be of poor quality or counterfeit. As time allows, provide counseling on topics, such as preventing injuries, adhering to food and water precautions, and insect bite prevention.

SPECIAL CHALLENGES AND ADDITIONAL CONSIDERATIONS

The Traveler Leaving in a Few Hours

If time does not permit an appointment, the clinician can still provide general prevention messages and recommendations for

care by telephone or secure digital messaging. Refer the traveler to useful websites, such as the CDC (www.cdc.gov/travel), the U.S. Department of State (DOS) (www.travel.state.gov), the Heading Home Healthy Program (www.headinghomehealthy.org), and the International Society of Travel Medicine clinic directory (www.istm.org). Emphasize and reassure the traveler that many travel health risks can be prevented by adhering to healthy behaviors.

The Traveler with Preexisting Medical Conditions

These patients may be at increased risk for travel-related illness if they have inadequate time for preparation. They should consider purchasing travel health insurance, trip insurance, and medical evacuation insurance, and should carry an extra supply of all medications and a portable medical record. Emphasize the importance of a pretravel appointment or conversation with their treating clinician. Some conditions, such as pregnancy and immunosuppression, often require additional discussion and advance planning and may warrant delaying departure.

The Last-Minute, Extended-Stay Traveler

Advise these travelers to arrange an early visit with a qualified clinician at their destination for additional evaluation and education. A last-minute consultation does not provide an expatriate with adequate time for a full medical and psychological evaluation.

Recurring Last-Minute Travelers

Any clinic that frequently sees last-minute travelers may want to address this as an administrative issue. Consider building flexibility into the clinic schedule and proactively identifying people likely to travel at the last minute (such as college students and corporate employees). For these travelers, preemptive vaccinations for certain itineraries might also be considered.

Section 17.4 | Sex Tourism

This section includes text excerpted from "Sex Tourism," Centers for Disease Control and Prevention (CDC), November 18, 2019.

"Sex tourism" is defined as travel planned specifically for the purpose of sex, generally to a country where sex work is legal.

DISEASE

Human immunodeficiency viruses (HIV) and other sexually transmitted infections (STIs) may be common among sex workers. Some common STIs, such as gonorrhea, have become extensively drug-resistant in some parts of the world. Make sure you always use protection when having sex with a new partner.

LEGALITY

Sex tourism supports human trafficking (slavery), one of the largest criminal industries in the world. Even if prostitution is legal in a country, human trafficking, sex with a minor, and child pornography are always crimes. Millions of children around the world are victims of commercial sexual exploitation. Children abused by sex tourists suffer not only sexual abuse but also physical, emotional, and psychological abuse, as well as poverty and homelessness. They suffer from health problems including addiction, malnourishment, injuries, STIs and emotional trauma.

Someone who engages in these activities in a foreign country can be prosecuted under that county's law while abroad and under the U.S. law after returning to the United States.

Although the age at which someone is considered a minor may vary by country, federal law makes it a crime for U.S. residents to engage in sexual or pornographic activities with a child younger than 18 years anywhere in the world. It is also illegal to travel abroad for the purpose of having sex with a minor.

HOW TO PREVENT TRAFFICKING

To combat trafficking and child sexual abuse, some international hotels and other tourism services have voluntarily adopted a code

of conduct that includes training for employees and reporting of suspicious activities. Tourist establishments supporting this initiative to protect children from sex tourism are listed online. Providers and travelers who suspect child sexual exploitation or other trafficking activities occurring overseas can report tips anonymously by contacting the National Center for Missing and Exploited Children's CyberTipline (toll-free at 800-843-5678). They collect reports of child prostitution and other crimes against children.

Since 2003, when Congress passed the PROTECT Act, at least 8,000 Americans have been arrested. The PROTECT Act strengthens the U.S. government's ability to prosecute and punish crimes related to sex tourism, including the incarceration of up to 30 years for acts committed at home or abroad. Cooperation of the host country is required to open an investigation of criminal activity. For more ways, you can help, see the Department of State list of 15 ways to fight human trafficking.

- Using the Operation Predator smartphone app
- Calling the Homeland Security Investigations Tip Line (866-347-2423)
- Immigration and Customs Enforcement (ICE) Submitting information online
- Health and Human Services (HHS), National Human Trafficking Hotline (NHTH),
- Administration for Children and Families (ACF) National Human Trafficking Hotline (NHTH)

Section 17.5 | Spring Break Travel

This section includes text excerpted from "Spring Break Travel," Centers for Disease Control and Prevention (CDC), February 12, 2020.

As spring approaches, many spring breakers will be looking forward to sunny destinations and a long week of relaxation. Some may travel to tropical hot spots, such as Cancun or islands in the Caribbean, while others may opt for bustling cities, such as

Amsterdam or Bangkok. Not all spring break destinations are created equal: Some have specific health risks you should be aware of.

BEFORE YOU GO

- Find out what vaccines, medicines, or advice is needed for your destination and plan a visit with your doctor or a travel medicine specialist at least one month before you leave the United States.
- Get your flu shot at least two weeks before you travel, as it can take up to two weeks to be fully protected. Also, stay clear of people who are coughing or otherwise appear to be ill, and wash your hands often with soap and water.
- Make sure you are up-to-date on the measles, mumps, and rubella (MMR) vaccine. There are outbreaks of measles in popular destinations.
- Talk to your doctor about the hepatitis A and hepatitis B vaccines.

Other Items to Add to Your To-Do List

- Find out if your health insurance covers medical care abroad—many plans do not! Consider additional insurance that covers healthcare and emergency evacuation, especially if you will be traveling to remote areas.
- Pack smart and prepare a travel health kit with the items you may need on your trip, including prescription and over-the-counter (OTC) medicines, insect repellent, sunscreen, alcohol-based hand sanitizer, and condoms.
- Check the U.S. Department of State (DOS) website for information on security risks. Register with the Smart Traveler Enrollment Program (STEP) so the U.S. Embassy or Consulate can contact you in case of an emergency.

DURING YOUR TRIP

Do not leave your healthy habits at home—"what happens on spring break stays on spring break" may imply that taking risks

is expected, but you should always play it safe when it comes to your health.

- **Sexually transmitted diseases**. Use condoms every time, to reduce your risk of STD.
- **Road safety**. Motor vehicle crashes are the leading cause of death among healthy travelers. Choose safe transportation. Always wear a seat belt, and ride only in marked taxis or ride-sharing vehicles. Be alert when crossing the street, especially in countries where people drive on the left.
- **Be safe on tours**. Use a reputable travel guide or tour company if you plan on doing any adventure travel activities such as reef diving, surfing, or zip-lining.
- **Norovirus**. Cruise ship outbreaks of vomiting and diarrhea, primarily caused by norovirus, have been reported. Do not let this virus ruin your trip. The best ways to prevent illness are frequent handwashing with soap and water, and practicing safe eating and drinking habits while on off-boat excursions.

If you get sick or injured and need immediate medical attention while you are on your trip, contact the U.S. Embassy or Consulate in your destination; they can help you locate medical services in your area as well as notify friends, family, or your employer in case of an emergency.

AFTER YOU RETURN

If you are not feeling well after your trip, call your doctor and tell them where you have traveled, including where you went and what you did on your trip. You may have picked up a virus or other infection during your trip, even though you did not have symptoms until you returned. Telling your doctor where you have been will help your doctor consider infections that are rarely found in the United States.

Section 17.6 | Summer Travel

This section includes text excerpted from "Summer Travel Abroad," Centers for Disease Control and Prevention (CDC), May 1, 2019.

Escaping to an overseas retreat this summer? It is the time of year when people start planning their summer vacation. If you venture abroad for some summer fun, there are health and safety risks you should be aware of. No matter where you go—majestic mountains, secluded beaches, or bustling cities—kick off your travel adventure by getting prepared with our summer vacation tips.

BEFORE YOUR TRIP

- Check your destination for health concerns. Even if you are familiar with the place, there may be new and important health risks you should be aware of.
- Make an appointment with a travel medicine specialist or your healthcare provider to get important advice, vaccines, and medicine at least one month before you leave.
    - The Centers for Disease Control and Prevention (CDC) recommends all travelers be up to date on routine vaccines, including measles, mumps, and rubella (MMR), varicella (chickenpox), and your seasonal flu vaccine, which you should be able to get from your doctor.
- Pack a travel health kit with your prescription and over-the-counter (OTC) medicines (enough to last your whole trip, plus a little extra), first-aid supplies, your health insurance card, and more.
- Prepare for the unexpected.
- Enroll in the State Department's Smart Traveler Enrollment Program (STEP) to get the latest safety updates and help in an emergency.
- Find out if your health insurance covers medical care abroad—many plans do not!

- Consider buying additional insurance that covers healthcare and emergency evacuation, especially if you will be traveling to remote areas.

HEALTH RISKS AND OUTBREAKS

Zika

Many popular summer travel destinations still have a risk of Zika. Check the CDC's Zika Travel Information to find out if there is a risk of Zika at your destination and how to protect yourself during and after travel. Zika can cause serious birth defects if a woman is infected during pregnancy. Pregnant women should not travel to an area with a Zika outbreak. Pregnant women considering traveling to other areas with Zika risk should discuss travel plans with their doctor, the risks and consequences of possible Zika infection, and their willingness to accept that risk if they choose to travel.

Dengue

Dengue viruses are spread to people primarily through the bite of an infected mosquito. Symptoms of mild dengue include fever with any of the following: nausea, vomiting, rash, aches, and pains (eye pain, muscle, joint, or bone pain). Mild dengue symptoms can become severe within a few hours. Severe dengue is a medical emergency. There is no vaccine to prevent dengue, and there is no treatment. Protect yourself by preventing mosquito bites.

Malaria

Malaria is a parasitic disease spread by mosquitoes. It can lead to serious illness and can be fatal if left untreated. Symptoms of malaria can include fever, chills, nausea, vomiting, and body aches. If symptoms of malaria occur, travelers should seek medical attention immediately. Before you leave home, check your destination for the risk of malaria. If malaria is present, consult your doctor to assess your risk and choose the most appropriate anti-malarial medicine. Pregnant women infected with malaria can transmit parasites to their child during pregnancy or delivery. CDC recommends that pregnant women talk to their doctor if traveling to areas

with risk of malaria. When used as directed, the U.S. Environmental Protection Agency (EPA)-registered insect repellents are safe for pregnant and breastfeeding women.

DURING YOUR TRIP

- Always wear seat belts and choose safe transportation. Motor vehicle crashes are the number one reason for healthy U.S. citizens' deaths in foreign countries.
  - Ride only in marked taxis or ride-sharing vehicles.
  - While walking, be alert when crossing the street, especially in countries where people drive on the left.
  - Avoid overcrowded, overweight, or top-heavy buses or vans.
- Eat and drink safely. Contaminated food or drinks can cause travelers' diarrhea, the most common travel-related illness, and other diseases. If you are traveling to a developing country, you are especially at risk.
  - When possible, choose food that is cooked and served hot, washed in safe water, or peeled.
  - Stick to drinks that are bottled and sealed, or very hot coffee or tea, and avoid ice.
- Protect yourself from hot temperatures and sun exposure.
  - Wear sun protection factor SPF 15 or higher sunscreen to protect yourself from the sun's harmful ultraviolet (UV) rays when enjoying outdoor activities.
  - Follow the instructions on the label and reapply as directed.
- Prevent insect bites.
  - If you are sleeping in a room without screens or air conditioning, or a tent—sleep underneath a mosquito net and make sure it is tucked into your mattress.
- Avoid animals. Any animal, even if it appears to be friendly or harmless, can be dangerous.
  - Never try to pet, handle or feed unfamiliar animals, even pets, as they may not be vaccinated against rabies.

- If you are bitten or scratched, immediately wash the wound with plenty of soap and water and see a doctor as soon as possible!

AFTER YOUR TRIP

Some travel-related illnesses may not cause symptoms until after you get home. If you get sick after your trip, call your doctor and be sure to tell them about your travel, including where you went and what you did on your trip. This will help your doctor consider infections that are rarely found in the United States.

Section 17.7 | Travel to Cold Climates

This section includes text excerpted from "Travel to Cold Climates," Centers for Disease Control and Prevention (CDC), December 12, 2018.

You do not have to be in an arctic or high-altitude environment to encounter problems with the cold. Even in mild climates, humidity, wind, and rain can produce cold-related injuries in temperatures as warm as 50°F(10°C).

WHEN TRAVELING IN COLD CLIMATES

- Wear warm clothing in several loose layers.
  - Wear a tightly woven, preferably wind-resistant coat or jacket; inner layers of light, warm clothing; mittens; hats; and scarves.
  - In wet conditions, shoes should be waterproof and have good traction.
- Wear safety equipment to keep you warm and dry when engaging in adventure activities in cold weather or around cold water.
- Stay dry—wet clothing chills the body rapidly. Too much perspiration will increase heat loss, so remove extra layers of clothing whenever you feel too warm.

- Do not ignore shivering. It is an important first sign that the body is losing heat. Persistent shivering is a signal to return indoors.

"Extreme cold" means cold temperatures drop well below normal for a region. When temperatures are much lower than normal, heat can leave your body more quickly. Heat loss can lead to serious health effects, such as hypothermia and frostbite.

HYPOTHERMIA

Hypothermia is a core body temperature below (around 50°F) 95°F (35°C). While hypothermia is most likely at very cold environmental temperatures, it can occur even at cool temperatures (around 50°F) if a person becomes chilled from rain, sweat, or submersion in cold water. Even in temperate climates, people can rapidly become hypothermic in the water. Mild hypothermia can make you feel confused, and you may not realize anything is wrong until it is too late. Being too cold can also cloud your judgment and cause you to make mistakes, which can be deadly.

Early symptoms of hypothermia include shivering, feeling tired, being clumsy, and being confused. As your body loses more heat, the shivering may stop, your skin may turn blue, the pupils of your eyes may expand, your pulse and breathing may slow, and you may pass out. If you notice any of these signs, take your temperature. If it is below 95°F, the situation is an emergency—get medical attention immediately.

If immediate medical care is not available:

- Move to a warm room or shelter
- Remove any wet clothing
- Warm the center of the body first—chest, neck, head, and groin—using an electric blanket, if available. You can also use skin-to-skin contact under loose, dry layers of blankets, clothing, towels, or sheets.
- Drink a nonalcoholic warm beverage. Warm beverages can help increase body temperature, but do not drink alcoholic beverages. Do not try to give beverages to an unconscious person with hypothermia.

FROSTBITE

Frostbite is a bodily injury caused by freezing that results in loss of feeling and color in affected areas. It most often affects the nose, ears, cheeks, chin, fingers, or toes. Frostbite can permanently damage the body, and severe cases can lead to amputation. Modern clothing and equipment have decreased the risk for adventure travelers, but frostbite still occurs after accidents, as a result of poor planning, and in severe, unexpected weather.

Warning signs of frostbite include numbness or tingling, stinging, or pain where you are most exposed to the cold. If you detect symptoms of frostbite, seek medical care.

If immediate medical care is not available:

- Move to a warmer room or shelter.
- Remove any wet clothing.
- Warm the affected body part in warm water.

Section 17.8 | Travel to Hot Climates

This section includes text excerpted from "Travel to Hot Climates," Centers for Disease Control and Prevention (CDC), December 13, 2018.

Travel to warm or hot destinations may make you more likely to get heat-related illnesses, such as heat stroke and heat exhaustion, especially if you are not used to the heat. Learn how to prevent, recognize, and treat heat-related illness.

PEOPLE AT HIGHEST RISK FOR HEAT-RELATED ILLNESS

The elderly, young children, and people with chronic illnesses may start showing signs of heat-related illness before healthy adults. However, even young and healthy people can get sick from spending too much time in the heat. When you are traveling in hot climates, remember a few tips to keep yourself and those around you healthy.

TIPS TO HELP YOU STAY SAFE IN THE HEAT

- Drink plenty of nonalcoholic fluids.
- Wear sunscreen with a sun protection factor (SPF) 15 or more and reapply throughout the day.
- Wear a hat and sunglasses.
- Wear loose, lightweight, light-colored clothing.
- Plan outdoor activities during cooler parts of the day.
- Rest often, and try to stay in the shade when outdoors.
- If you will be doing strenuous activities in the heat, try to get adjusted before you travel by exercising one hour per day in the heat.

HEAT EXHAUSTION

Heat exhaustion is a mild form of heat-related illness that can happen after exposure to hot temperatures and low fluid intake. People at highest risk for heat exhaustion are the elderly, those with high blood pressure, and those working or exercising in the heat.

Symptoms of heat exhaustion include:

- Excessive thirst
- Profuse sweating
- Headache
- Dizziness or confusion
- Nausea

If you or anyone you are traveling with develops these symptoms, get out of the sun immediately and try to cool off with a fan, air conditioning, or by getting in cool water. Also, remember to drink cool, nonalcoholic beverages, such as water or sports electrolyte drinks.

HEATSTROKE

Heatstroke is the most serious heat-related illness. It happens when your body can no longer control its own temperature. The body's temperature rises quickly, and you stop sweating, so your body cannot cool down. Early heat stroke symptoms are similar to those of heat exhaustion, but they progress to more severe symptoms.

Body temperature can rise to 106°F or higher within 10–15 minutes. Even without a thermometer, people will feel hot to the touch. Heatstroke can cause death or permanent disability if emergency treatment is not provided.

- If you or a travel companion develops these symptoms:
  - Move to the shade or a cool place out of the sun.
  - Cool the victim as quickly as possible using water and cool air.
  - Drink cool, nonalcoholic beverages, such as water or sports-electrolyte drinks.
  - Seek medical attention if symptoms persist.

Section 17.9 | Educational and Cultural Exchange Programs for Studying Abroad

This section includes text excerpted from "Bureau of Educational and Cultural Affairs," U.S. Department of Education (ED), August 30, 2019.

The Bureau of Educational and Cultural Affairs (ECA) at the U.S. Department of State (DOS) offers full scholarships for American high-school students to study abroad on cultural and educational exchange programs. International exchange provides an avenue for students to foster long-lasting ties with people around the globe, promote mutual understanding, develop leadership skills, and enhance educational achievements. Students from private schools and home schools are invited to apply, provided they meet eligibility requirements. Following are some programs for students to consider.

ACADEMIC-YEAR PROGRAMS

The Kennedy-Lugar Youth Exchange and Study Abroad (YES Abroad) Program advances mutual understanding between the United States and countries with significant Muslim populations by sending American students (ages 15–18) to countries with

significant Muslim populations for one academic year. Students study in local high schools and live with a host family in countries in the Middle East, Africa, Asia, and the Balkans.

Students spend an academic year in Germany living with a host family and attending a German school on the Congress–Bundestag Youth Exchange Program (CBYX) for high-school students (ages 15–18), graduating seniors of vocational studies (age 18), and young professionals (undergraduates ages 18–24). All students attend a 4- to 8-week orientation and language camp. Vocational and young professional students study and participate in practical internships.

LANGUAGE PROGRAMS

Students learn a new language on the National Security Language Initiative for Youth (NSLI-Y), part of a multiagency U.S. government initiative to improve Americans' ability to engage with people from around the world who speak Arabic, Chinese (Mandarin), Hindi, Korean, Persian (Tajik), Russian, and Turkish. They study abroad on summer and academic-year programs where the languages are widely spoken. NSLI-Y students reside with host families while pursuing intensive language study, providing both informal and formal opportunities for language practice with native speakers.

SHORT-TERM EXCHANGE PROGRAMS

Students travel abroad for three to four weeks to gain firsthand knowledge of foreign cultures and to collaborate on solving global issues through the American Youth Leadership Program (AYLP). Current AYLP programs operate in Bosnia and Herzegovina, Cambodia, Malaysia/Singapore, Paraguay, Peru, Samoa, and Uganda. Some programs draw from a national applicant pool while others may be limited to a region or group of states. Also available are reciprocal Youth Leadership Programs that involve hosting an exchange participant, as well as travel abroad. Current projects are with Indonesia, central Europe, Poland, Nepal/Sri Lanka, Azerbaijan, and central/south America.

ADDITIONAL PROGRAM FOR AMERICAN FAMILIES—HOSTING A FOREIGN EXCHANGE STUDENT

The ECA invites families in the private school and home-school community to explore hosting a foreign student participating in a U.S. government-funded international exchange program. When high-school exchange students are welcomed into a family and a community, they have an opportunity to develop a view of America that will make a profound difference in who they are and how they relate to and view Americans.

Chapter 18 | Travel and Natural Disasters

You should carefully consider the potential dangers and inconveniences of traveling to storm-prone regions of the world. If you go, make an emergency plan beforehand. Even inland areas far from the coastline can experience destructive winds, tornadoes, mudslides, and floods from storms.

WHAT ARE HURRICANES, TYPHOONS, AND CYCLONES? WHICH REGIONS ARE AFFECTED BY THEM AND WHAT IS THE IMPACT OF THESE STORMS?

Hurricanes, typhoons, and cyclones are all the same weather phenomenon—they are storms which have a rotating, organized system of clouds and thunderstorms that start-up over tropical or subtropical waters. They are all "tropical cyclones" but are called different things based on where in the world the storm originated:

- Hurricanes–Atlantic Ocean and Northeast Pacific Ocean
- Typhoons–Northwest Pacific Ocean
- Cyclones–South Pacific Ocean and Indian Ocean

Storm surges, high winds, heavy rain, flooding, mudslides, and tornadoes can cause extreme storm damage. There may be

This chapter contains text excerpted from the following sources: Text in this chapter begins with excerpts from "Hurricanes, Typhoons, and Cyclones," Bureau of Consular Affairs, U.S. Department of State (DOS), March 16, 2018; Text beginning with the heading "Be Prepared" is excerpted from "Travel and Natural Disasters," Centers for Disease Control and Prevention (CDC), March 26, 2019.

widespread damage to infrastructure (such as roads, electricity, and phone and Internet service), and serious shortages of habitable accommodations, food, water, and medical facilities. Storms can result in airport closures or limited flight availability due to runway or terminal damage and a shortage of electricity. The U.S. citizens in affected regions may face delays returning home, and may even need to stay in emergency shelters with limited food, water, medicine, and other supplies.

WHEN IS STORM SEASON?

Generally speaking, storm seasons are:

- Hurricanes—June to November
- Typhoons—April to December
- Cyclones—November to April

While these are the times when storms are most likely to happen, it is possible for intense storms to occur outside of these ranges. Additionally, the past several years have seen an overall increase in the quantity and intensity of storms, particularly in the Atlantic and Pacific Oceans, the Caribbean Sea, and the Gulf of Mexico.

BE PREPARED

- Be informed, make a plan, make a kit:
  - Know what type of emergencies happen in the area where you are traveling.
  - Have safe places identified for your family and others with whom you are traveling to meet if separated, and make sure you know how to let them know you are okay.
  - Your travel health kit should include first-aid supplies, copies of important documents (such as passport or prescriptions), and a list of emergency contacts.
- You can find information on travel alerts and disaster threats on the Department of State (DOS) (www.state.gov) website.

IF A NATURAL DISASTER STRIKES

- Follow instructions provided by local emergency and public-health authorities. The U.S. travelers visiting other countries can also seek advice from the nearest U.S. Embassy.
- Be aware of your surroundings and avoid hazards:
  - Stay away from wild or stray animals.
  - Do not use electric tools or appliances while standing in water.
  - Avoid swiftly moving water during floods.
  - Prevent carbon monoxide poisoning by only using generators or other gasoline-, propane-, natural gas-, or charcoal-burning devices outside and away from open windows, doors, and air vents.

DURING THE AFTERMATH

- Be aware of the risks of injury during and after a natural disaster. After a natural disaster, deaths are most often due to blunt trauma, crush-related injuries, or drowning.
- Be careful during clean-up. Avoid downed power lines, electrical outlets that have been exposed to water, and interrupted gas lines.
- Eat and drink only safe food and water.
- Seek medical care if you are injured, sick, or having trouble coping with stress.

The best way for travelers to stay healthy and safe when journeying to a new place is to plan ahead and stay well informed. Know your destination's risk for natural disasters before you book your trip.

Chapter 19 | Terrorism: Maintaining Vigilance while Abroad

As terrorist attacks often take place without any warning, the U.S. citizens should maintain a high level of vigilance and take appropriate, proactive steps to increase their security awareness when traveling. The Bureau of Consular Affairs encourages U.S. citizens to read country information pages and Travel Advisories on Travel.State.Gov before planning a trip. In addition, prior to departing the United States, the Bureau urges travelers to enroll in the Smart Traveler Enrollment Program (STEP) to receive security messages about terrorist threats or security incidents. While abroad, U.S. citizens should monitor the local news and be aware of contact information for the nearest U.S. Embassy or Consulate.

Terrorist groups, their associates, and those inspired by such organizations are intent on attacking the U.S. and Western citizens around the world. Extremists may use conventional or nonconventional weapons to strike U.S. interests, but many are increasingly using less sophisticated methods of attack to more effectively target crowds, including the use of edged weapons, pistols, and vehicles. Extremists are increasingly assaulting "soft" targets, such as:

- High-profile public events (sporting contests, political rallies, demonstrations, holiday events, celebratory gatherings, etc.)
- Hotels, clubs, and restaurants

This chapter includes text excerpted from "Terrorism," Bureau of Consular Affairs, U.S. Department of State (DOS), August 20, 2018.

- Places of worship
- Schools
- Parks
- Shopping malls and markets
- Tourism infrastructure
- Public transportation systems
- Airports

The following recommendations may help you avoid becoming a target of opportunity. These precautions may provide some degree of protection and can serve as practical and psychological deterrents to would-be terrorists.

AIRPORTS AND AIR TRAVEL

- Schedule direct flights if possible, and avoid stops in high-risk airports or areas. Country information pages often highlight such locations.
- Minimize time spent in the public area of an airport. Move promptly from the check-in counter to the security-screening section to gain entry to the secured area of an airport. Upon arrival, leave the airport as soon as possible. Arrival areas are typically less secure than departure zones.
- Keep an eye out for abandoned packages or briefcases, or other suspicious items. Report them to airport authorities and leave the area quickly.
- To the greatest extent possible, avoid drawing attention to yourself.

PUBLIC VENUES

- When possible, avoid or minimize time spent in the "soft" targets listed above. When in such locations, be alert for suspicious or unusual activity.
- Recognize that Western-branded venues or Western-like facilities may be attractive targets for terrorists.
- Report suspicious activities and individuals (e.g., potential surveillants) to the local police, and also to the nearest U.S. Embassy or Consulate.

- Identify potential safe areas, such as police stations, hotels, and hospitals.
- Formulate a plan of action of how to respond if a terrorist attack or security incident takes place.
- Remember the "run, hide, fight" rule during a terrorist attack or similar incident: whenever possible, immediately depart the area; if a retreat is not an option, conceal yourself from would-be assailants; as a last resort, and only if necessary, yell and fight off an attacker.

TAXI CABS AND PERSONAL VEHICLES

- If possible, travel with others.
- Carry a charged cellular telephone with you at all times.
- Inform friends, family, and colleagues of your departures and arrivals.
- Select your own taxicab at random. Do not use an unlicensed or gypsy cab. Taxis, Uber or Uber-like vehicles should have photo licenses clearly displayed inside the vehicle or on the phone app. Compare the image to the driver, including identifying information for the driver. Record license plate information in your phone as a precaution.
- When operating rental or personal vehicles, periodically inspect the exterior of the vehicle for suspicious items or marks.
- Drive with car windows closed whenever possible to maintain an additional layer of protection.
- Keep your vehicle in good operating condition, with at least one-half tank of gasoline.

HOTELS

- Review evacuation and shelter-in-place plans after accessing your hotel room.
- Be sure of the identity of visitors before opening the door of your hotel room.

- Do not meet strangers at your hotel room, or at unknown or remote locations.
- Refuse unexpected packages.
- Report suspicious activities to the hotel's front desk or security office.

POLICE AND SECURITY SERVICES

- Follow the instructions provided by the police and security services during an emergency.

Part 3 | Health Risks during Travel

Chapter 20 | Coronavirus Disease 2019 (COVID-19)

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Section 20.1 | Coronavirus and Travel in the United States

This section includes text excerpted from "Coronavirus and Travel in the United States," Centers for Disease Control and Prevention (CDC), April 23, 2020.

The COVID-19 outbreak in the United States is a rapidly evolving situation. The status of the outbreak varies by location and state and local authorities are updating their guidance frequently. The White House's Opening Up America Again plan means some parts of the country may have different guidance than other areas. Check with the state or local authorities where you are, along your route, and at your planned destination to learn about local circumstances and any restrictions that may be in place.

TRAVEL RECOMMENDATIONS

Cases of coronavirus disease (COVID-19) have been reported in all states, and some areas are experiencing community spread of the disease. Travel increases your chances of getting and spreading COVID-19.

The Centers for Disease Control and Prevention (CDC) recommends you stay home as much as possible, especially if your trip is not essential, and practice social distancing especially if you are at higher risk of severe illness. Do not travel if you are sick and do not travel with someone who is sick.

ESSENTIAL ERRANDS

As communities across the United States take steps to slow the spread of COVID-19 by limiting close contact, people are facing new challenges and questions about how to safely run essential errands to meet basic household needs, such as:

- Grocery shopping
- Getting delivery or takeout food
- Banking
- Getting gasoline
- Going to the doctor or getting medicine

ESSENTIAL TRAVEL

Some travel may also be essential, such as:

- Travel to provide medical or home care to others
- Travel necessary for a job considered an essential service

The following travel recommendations provide advice about how to prevent getting and spreading COVID-19 if you must travel. Do not travel if you are sick or plan to travel with someone who is sick.

CONSIDERATIONS IF YOU MUST TRAVEL

The CDC recommends you stay home as much as possible and avoid close contact, especially if you are at a higher risk of severe illness. If you must travel during the "President's 30 days to slow the spread," there are several things you should consider before you go.

Some types of travel (bus, plane, train) may require sitting next to others for a period of time. Travel may also expose you to new parts of the country with differing levels of community transmission. And, if you are infected, your travel may put others at risk along the way, at your destination, and when you return home.

If you must travel, consider the following risks you might face, depending on what type of travel you are planning:

- **Air travel.** Because of how air circulates and is filtered on airplanes, most viruses and other germs do not spread easily on flights. However, there may be a risk of getting COVID-19 if you are seated within 6 feet of someone who has the virus.
- **Bus or train travel.** Sitting or standing within six feet of others for a prolonged period of time can put you at risk of getting or spreading COVID-19.
- **Car travel.** The stops you need to make along the way could put you and others in the car with you in close contact with others who could be infected.

- **RV travel.** Traveling by RV means you may have to stop less often for food or bathrooms, but RV travelers typically have to stop at RV parks overnight and other public places to get gas and supplies. These stops may put you and those with you in the RV in close contact with others who could be infected.

State and Local Travel Restrictions or Orders

If you must travel, follow any state and local travel restrictions currently in place. It is possible that some state and local governments may put in place travel restrictions, stay-at-home or shelter-in-place orders, mandated quarantines upon arrival, or even state border closures while you are traveling. For more information and travel guidance, check with the state or local health department where you are, along your route, and at your planned destination. Just because there are no restrictions at the time you plan to leave does not mean there will not be restrictions in place when you arrive.

Lodging

Staying in temporary accommodations (hotels, motels, and rental properties) may expose you to the virus through person-to-person contact and possibly through contact with contaminated surfaces and objects.

If you must stay in a hotel, motel, or rental property:

- Take the same steps you would in other public places—for example, avoid close contact with others, wash your hands often, and wear a cloth face covering.
- When you get to your room or rental property, clean and disinfect all high-touch surfaces. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, remote controls, toilets, and sink faucets.
- Bring a U.S. Environmental Protection Agency (EPA)-registered disinfectant and other personal cleaning supplies, including cloths and disposable gloves.
- Wash any plates, cups, or silverware (other than pre-wrapped plastic) before using.

Road Trips

If you must travel, be aware that many businesses (such as restaurants and hotels) may be closed.

Anticipate your needs before you go:

- Prepare food and water for the road. Pack nonperishables in case restaurants and stores are closed.
- Bring any medicines you may need for the duration of your trip.
- Pack a sufficient amount of alcohol-based hand sanitizer (at least 60% alcohol) and keep it in a place that is readily available.
- Book accommodations in advance if you must stay somewhere overnight.
- Plan to make as few stops as possible, but make sure you rest when you feel drowsy or sleepy.
    - Bring a U.S. Environmental Protection Agency (EPA)-registered disinfectant and other personal cleaning supplies.

Do not travel if you are sick or plan to travel with someone who is sick.

If you must travel, protect yourself and others during your trip:

- Clean your hands often.
    - Wash your hands often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
    - If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.
    - Avoid touching your eyes, nose, and mouth.
- Avoid close contact with others.
    - Keep six feet of physical distance from others at all times.
    - This is especially important if you are at a higher risk of getting very sick from COVID-19.
- Wear a cloth face covering in public.

- Cover coughs and sneezes.
- Pick up food at drive-throughs, curbside restaurant service, or stores. Do not dine in restaurants.

Section 20.2 | Travelers Returning from High-Risk Countries and Entry Restrictions to the United States

This section contains text excerpted from the following sources: Text beginning with the heading "Stay Home" is excerpted from "Returning from International Travel," Centers for Disease Control and Prevention (CDC), April 16, 2020; Text under the heading "Entry Prohibition to the United States" is excerpted from "Travelers Prohibited from Entry to the United States," Centers for Disease Control and Prevention (CDC), March 30, 2020.

There is widespread, ongoing transmission of novel coronavirus worldwide. If you have traveled internationally in the past 14 days, stay home and monitor your health.

STAY HOME

During this 14-day period, take these steps to monitor your health and practice social distancing:

- Take your temperature with a thermometer two times a day and monitor for fever. Also, watch for a cough or trouble breathing. Use this temperature log to monitor your temperature.
- Stay home and avoid contact with others. Do not go to work or school.
- Do not take public transportation, taxis, or ride-shares.
- Keep your distance from others (about 6 feet or 2 meters.)

WHAT TO DO IF YOU GET SICK

If you get sick with fever or cough in the 14 days after you return from travel:

- Stay home. Avoid contact with others.

- You might have COVID-19; most people are able to recover at home without medical care.
- If you have trouble breathing or are worried about your symptoms, call or text a healthcare provider. Tell them about your recent travel and your symptoms.
- Call ahead before you go to a doctor's office or emergency room.

If you need to seek essential medical care for other reasons, such as dialysis, call ahead to your doctor and tell them about your recent travel.

ENTRY PROHIBITION TO THE UNITED STATES

To slow the spread of coronavirus disease 2019 (COVID-19) into the United States, the CDC is working with public-health partners to implement travel procedures announced in several Presidential proclamations on novel coronavirus.

American citizens, lawful permanent residents, and their families who have been in one of the countries listed below in the past 14 days will be allowed to enter the United States but will be redirected to one of 13 airports. If you are returning from one of these countries, you should stay home and monitor your health.

Foreign Nationals

Those who have visited one of these countries in the past 14 days may not enter the United States.

- China
- Iran
- European Schengen area (Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland, Monaco, San Marino, Vatican City)

- United Kingdom (England, Scotland, Wales, Northern Ireland)
- Republic of Ireland

Section 20.3 | COVID-19 and Cruise Ship Travel

This section includes text excerpted from "COVID-19 and Cruise Ship Travel," Centers for Disease Control and Prevention (CDC), March 17, 2020.

The Centers for Disease Control and Prevention (CDC) typically posts travel health notices for countries and other international destinations, not conveyances, such as ships, airplanes, or trains. Because of the unprecedented nature of the novel coronavirus pandemic, and the increased risk of transmission of COVID-19 on cruise ships, the U.S. government is advising the U.S. travelers to defer all cruise travel.

Recent reports of COVID-19 on cruises highlight the risk of infections to cruise passengers and crew. Like many other viruses, COVID-19 appears to spread more easily between people in close quarters aboard ships and boats. As the COVID-19 pandemic continues, there remains a risk of infected passengers and crew onboard cruise ships.

Older adults and people of any age with serious chronic medical conditions such as heart disease, chronic lung disease, and diabetes, are at a higher risk of serious disease if infected with the novel coronavirus.

In addition, the U.S. Department of State advises travelers to not go on cruises. This is a dynamic situation and those traveling by ship may be impacted by travel restrictions affecting their itineraries or ability to disembark or may be subject to quarantine procedures implemented by the local authorities. While the U.S. government has successfully evacuated hundreds of our citizens in the previous weeks, repatriation flights should not be relied upon as an option for the U.S. citizens under the potential risk of quarantine by local authorities. The U.S. citizens should evaluate

the risks associated with choosing to remain in an area that may be subject to quarantine and take the appropriate proactive measures. Passengers who plan to travel by cruise ship should contact their cruise line companies directly for further information on the current rules and restrictions and continue to monitor the travel. state.gov website for updated information.

WHAT CAN TRAVELERS DO TO PROTECT THEMSELVES AND OTHERS?

The CDC recommends that travelers defer cruise travel worldwide. For most travelers, cruise ship travel is voluntary and should be rescheduled for a future date. If you do go on a cruise during the COVID-19 pandemic:

- Do not board a cruise if you are sick.
- Avoid contact with sick people.
- Discuss cruise ship travel with your healthcare provider. Older adults and people of any age with serious chronic medical conditions are at increased risk for severe disease if infected with the novel coronavirus.
- Avoid touching your eyes, nose, or mouth with unwashed hands.
- Wash your hands often with soap and water for at least 20 seconds. If soap and water are not readily available, use an alcohol-based hand sanitizer that contains at least 60 percent alcohol.
    - It is especially important to clean hands after going to the bathroom; before eating; and after coughing, sneezing or blowing your nose.
- If you get sick with a fever or new or worsening cough or trouble breathing during your cruise, stay in your cabin and notify the onboard medical center immediately.

If you were on a cruise in the past 14 days:

- Stay home for 14 days from the time you disembark, practice social distancing, and monitor your health.

Social distancing means staying out of crowded places, avoiding group gatherings, and maintaining distance (approximately 6 feet or 2 meters) from others when possible.

Section 20.4 | COVID-19: Frequently Asked Questions and Answers

This section includes text excerpted from "Travel: Frequently Asked Questions and Answers," Centers for Disease Control and Prevention (CDC), April 3, 2020.

SHOULD I CANCEL MY INTERNATIONAL TRIP?

The Centers for Disease Control and Prevention (CDC) recommends that travelers avoid all nonessential international travel because of the COVID-19 pandemic. Some healthcare systems are overwhelmed and there may be limited access to adequate medical care in affected areas. Many countries are implementing travel restrictions and mandatory quarantines, closing borders, and prohibiting noncitizens from the entry with little advance notice. Airlines have canceled many international flights and in-country travel may be unpredictable. If you choose to travel internationally, your travel plans may be disrupted, and you may have to remain outside the United States for an indefinite length of time.

If you must travel, take the following steps to help reduce your chances of getting sick:

- Avoid contact with sick people.
- Avoid touching your eyes, nose, or mouth with unwashed hands.
- Wash your hands often with soap and water for at least 20 seconds. If soap and water are not readily available, use an alcohol-based hand sanitizer that contains at least 60 percent alcohol.
    - It is especially important to clean hands after going to the bathroom; before eating; and after coughing, sneezing or blowing your nose.

- Make sure you are up to date with your routine vaccinations, including the measles-mumps-rubella (MMR) vaccine and the seasonal flu vaccine.

CHANCES OF GETTING COVID-19 ON AN AIRPLANE?

Because of how air circulates and is filtered on airplanes, most viruses and other germs do not spread easily. Although the risk of infection on an airplane is low, try to avoid contact with sick passengers, avoid touching your eyes, nose or mouth with unwashed hands, and wash your hands often with soap and water for at least 20 seconds or use a hand sanitizer that contains at least 60 percent alcohol.

WHAT DOES HAPPEN IF THERE IS A SICK PASSENGER ON AN INTERNATIONAL OR DOMESTIC FLIGHT?

Under current federal regulations, pilots must report all illnesses and deaths to the CDC before arriving at a U.S. destination. According to the CDC disease protocols, if a sick traveler is considered to be a public-health risk, the CDC works with local and state health departments and international public-health agencies to contact passengers and crew exposed to that sick traveler.

Be sure to give the airline your current contact information when booking your ticket so you can be notified if you are exposed to a sick traveler on a flight.

SHOULD I GO ON A CRUISE?

The CDC recommends that all travelers defer all cruise ships travel worldwide. Recent reports of COVID-19 on cruise ships highlight the risk of infection to cruise ship passengers and crew. Like many other viruses, COVID-19 appears to spread more easily between people in close quarters aboard ships.

SHOULD TRAVELERS WEAR FACEMASKS OR COVERINGS?

In the context of the COVID-19 pandemic, the CDC recommends that everyone wear a cloth face covering their nose and mouth

when in the community setting, including during travel if they must travel. This as an additional public-health measure people should take to reduce the spread of COVID-19 in addition to (not instead of) social distancing, frequent hand cleaning, and other everyday preventive actions. A cloth face covering is not intended to protect the wearer, but may prevent the spread of the virus from the wearer to others. This would be especially important in the event that someone is infected but does not have symptoms. Medical masks and N-95 respirators are still reserved for healthcare workers and other first responders, as recommended by the current CDC guidance.

WHAT CAN I EXPECT WHEN DEPARTING OTHER COUNTRIES?

Some countries are conducting exit screening for all passengers leaving their country. Before being permitted to board a departing flight, you may have your temperature taken and be asked questions about your travel history and health.

WHAT CAN I EXPECT WHEN ARRIVING IN THE UNITED STATES?

At this time, travel restrictions and entry screening apply only to travelers arriving from some countries or regions with widespread ongoing transmission of COVID-19. (**Note:** The U.S. policies are subject to change as the COVID-19 pandemic evolves.)

You may be screened when you arrive in the United States. After you arrive home, take the following steps to protect yourself and others:

- Stay at home and avoid contact with others. Do not go to work or school.
- Monitor your health. Take your temperature with a thermometer two times a day and monitor for fever. Also, watch for a cough or trouble breathing.
- Keep your distance from others (about 6 feet or 2 meters). This is referred to as "social distancing."

WHEN CAN I RETURN TO WORK AFTER INTERNATIONAL TRAVEL?

Currently, all international travelers arriving in the U.S. should stay home for 14 days after their arrival. At home, they are expected to

monitor their health and practice social distancing. To protect the health of others, these travelers should not go to work or school for 14 days.

Chapter 21 | Blood Clots during Travel

Some long-distance travelers are at risk for a dangerous condition called "deep vein thrombosis" (DVT). This condition occurs when a blood clot forms in a large vein. Part of the clot may break off and travel to the lungs, causing a sudden blockage of arteries in the lung. This is known as a "pulmonary embolism" (PE). These conditions are rare but can be fatal, so it is important to understand what causes them, how to know if you are at risk, and what steps you can take to prevent them.

DEEP VEIN THROMBOSIS RISK

Almost anyone can have DVT, but if you are traveling for a long time, such as on an international trip, you may be at increased risk. This is because DVT can be caused by sitting for a long time, potentially creating damage and slow blood flow in the veins of your legs. This increased risk more often occurs with air travel, where you are in a small space and it is hard to get up and move around. But DVT can also happen when you are traveling by bus, train, or car.

Most people who develop travel-associated DVT have other factors that increase their chance of developing a DVT, including the following:

- A previous blood clot
- Family history of blood clots
- Known clotting disorder

This chapter includes text excerpted from "Blood Clots during Travel," Centers for Disease Control and Prevention (CDC), October 23, 2017.

- Recent surgery, hospitalization, or injury
- Use of estrogen-containing birth control or hormone replacement therapy
- Current or recent pregnancy
- Older age (risk increases with age)
- Obesity
- Active cancer (or undergoing chemotherapy)
- Other serious illnesses, including congestive heart failure or inflammatory bowel disease
- Limited movement

PREVENTING DEEP VEIN THROMBOSIS

Anyone traveling more than four hours by air, by car, or by bus can be at risk for blood clots.

You can take steps to help prevent DVT. For long-distance travelers, these steps include:

- Get up occasionally and walk around.
  - Select an aisle seat when possible so you can walk around every 2–3 hours.
  - If traveling by car, include breaks in your travel schedule to stretch and walk around.
- Exercise your calf muscles and stretch your legs while you are sitting. Try these exercises next time you travel:
  - Raise and lower your heels while keeping your toes on the floor.
  - Raise and lower your toes while keeping your heels on the floor.
  - Tighten and release your leg muscles.

If you are a long-distance traveler with additional factors that increase your chance for developing a DVT, talk to your doctor about taking extra precautions, such as:

- Wearing properly fitted medical compression stockings and
- Taking medication before you travel to prevent blood clots.

SYMPTOMS, DIAGNOSIS, AND TREATMENT

It is helpful to know the symptoms so you can recognize if you develop DVT or PE.

Symptoms of Deep Vein Thrombosis

- Swelling, pain, or tenderness in the affected limb (usually the leg)
- Unexplained pain or tenderness
- Skin that is red and warm to the touch

Symptoms of Pulmonary Embolism

- Difficulty breathing
- Faster than normal heartbeat
- Chest pain that usually gets worse when you cough or breathe deeply
- Coughing up blood
- Very low blood pressure, lightheadedness or fainting

If you have symptoms of DVT, call a doctor right away. If you have symptoms of PE, you should seek immediate medical care from a doctor or hospital. Finding and treating these conditions early can prevent death or complications.

It is not possible to diagnose either condition without special tests performed by a doctor to look for clots within veins in the legs, pelvis, and chest, and within arteries in the lungs, such as an ultrasound, a CT scan, or an MRI. That is why it is important for you to quickly seek medical care if you experience symptoms of DVT or PE.

The DVT and PE are treatable, although a severe PE can cause sudden death. Sometimes medicines or devices are used to dissolve or break up the clot. Typically, medicines are taken for several weeks or months to prevent more clots from forming and to give the body a chance to dissolve or heal existing clots.

Chapter 22 | Brucellosis

INFECTIOUS AGENT

Brucella spp., the causative agents for brucellosis, are facultative, intracellular, gram-negative coccobacilli. The main *Brucella* spp. known to cause human disease are *Brucella abortus* (including the livestock vaccine strain *Brucella abortus* RB51), *B. melitensis, B. suis,* and *B. canis.*

HOW IT TRANSMITS

Brucellosis is a classical bacterial zoonosis since animals are the only source of infection. Humans most commonly acquire the infection through the consumption of unpasteurized dairy products (such as raw milk, soft cheese, butter, and ice cream). The bacteria can also enter the body via skin wounds, mucous membranes, or inhalation, so direct contact with infected animal tissues or fluids can be a risk for exposure. Particularly important is direct contact with birthing tissues from infected animals or blood while dressing a carcass during hunting activities. Infection through eating undercooked meat from infected animals can occur, although this is less likely because of lower bacterial loads in muscle. Person to person transmission has been reported but is rare.

EPIDEMIOLOGY OF THE DISEASE

More than 500,000 new human cases of brucellosis are reported worldwide each year. However, this number is likely an underestimate as brucellosis cases are underreported and often misdiagnosed because symptoms are nonspecific, physicians may lack awareness,

This chapter includes text excerpted from "Brucellosis," Centers for Disease Control and Prevention (CDC), June 24, 2019.

and laboratory capacity for diagnosis is limited. *B. melitensis* is the most frequently reported cause of human illness worldwide, while the most widespread potential source of infection is *B. abortus.* Human infections occur most frequently among people who have traveled to or who live in areas where the disease is endemic in animals (mainly cattle, sheep, and goats) along the Mediterranean Basin, South and Central America, Eastern Europe, Asia, Africa, and the Middle East. Although not commonly reported in travelers, clinicians should also be aware of the possibility of *B. suis* or *B. canis* infection, as these *Brucella* species are present in animal populations (such as *B. suis* in feral swine and caribou/reindeer and *B. canis* in canines) that certain travelers may contact.

CLINICAL PRESENTATION

The incubation period is usually 2–4 weeks (range, five days to six months). Initial presentation is nonspecific and includes fever, malaise, arthralgia, myalgia, fatigue, headache, and night sweats. Focal infections are common and can affect most organs in the body. Osteoarticular involvement is the most common brucellosis complication, and reproductive system involvement is the second most common. Although rare, endocarditis can occur and is the principal cause of death among brucellosis patients.

DIAGNOSING BRUCELLOSIS

Blood culture is considered the diagnostic gold standard, but isolation rates may vary considerably (25%–80%) depending on stage of infection, previous use of antibiotics, type and volume of clinical specimen, and culture method used. Bacterial growth can be observed within 3–5 days in culture but may take longer; therefore, cultures should be held for more than ten days before considering the sample culture-negative. To increase recovery of the organism when focal disease is suspected, samples for culture should be collected from the affected area (for example, cerebrospinal fluid, joint aspirate, or urine). Inform the laboratory if brucellosis is suspected when submitting blood, bone marrow, or other clinical specimens for culture, as the bacteria take longer to grow, and laboratory

personnel require additional personal protective equipment when handling.

Serologic testing is the most common method for diagnosis. The serum agglutination test (SAT) is the standard method for serologic diagnosis and detects IgM, IgG, and IgA. In general, ELISA tests have good sensitivity and specificity and can detect IgM and IgG. Some limitations to the use of serologic tests must be taken into consideration when diagnosing Brucella infections, as most serologic assays for brucellosis show variable levels of cross-reactivity with other gram-negative bacteria (for example, *E. coli* O:157, *Francisella tularensis*, and *Yersinia enterocolitica*). Brucella antibodies can persist for more than a year despite successful antibiotic treatment. Last, no validated serologic assays are available to detect antibodies produced against infections caused by *B. canis* and *B. abortus* RB51 strain. If infection by either of these organisms is possible or suspected, culture should be performed.

TREATING BRUCELLOSIS

A combined regimen of doxycycline (or oral tetracycline) and rifampin for six weeks is the recommended treatment for controlling infections. For complicated brucellosis (endocarditis, meningitis, osteomyelitis) an aminoglycoside in combination with tetracycline should be considered, and duration of therapy is often extended for 4–6 months. *B. abortus* RB51 is resistant to rifampin, so treatment for brucellosis due to this strain should be altered accordingly (for example, doxycycline in combination with trimethoprim-sulfamethoxazole, unless contraindicated). Other agents have been used in various combinations; treatment should be guided by someone with expertise in infectious diseases. Late diagnosis or incorrect therapy can result in relapse.

PREVENTING BRUCELLOSIS

Avoid unpasteurized dairy products and undercooked meat, especially when traveling to countries where brucellosis is endemic. Wear protective equipment (rubber gloves, goggles or face shields, and gowns or aprons) when dressing or butchering wild animals or

when handling birthing products from animals potentially infected with *Brucella spp*. Clinicians should inform clinical microbiology laboratories when submitting specimens from patients with suspected brucellosis to ensure proper biosafety precautions in the laboratory when handling specimens and specimen derivatives.

Chapter 23 | Cholera

INFECTIOUS AGENT

Cholera is an acute bacterial intestinal infection caused by toxigenic *Vibrio cholerae* O-group 1 or O-group 139. Many other serogroups of *V. cholerae*, with or without the cholera toxin gene (including the nontoxigenic strains of the O1 and O139 serogroups), can cause a cholera-like illness. Only toxigenic strains of serogroups O1 and O139 have caused widespread epidemics and are reportable to the World Health Organization (WHO) as "cholera." *V. cholerae* O1 is the source of an ongoing global pandemic, while the O139 serogroup remains localized to a few areas in Asia.

V. cholerae O1 has 2 biotypes, classical and El Tor, and each biotype has 2 distinct serotypes, Inaba and Ogawa. The symptoms of infection are indistinguishable, although more people infected with the El Tor biotype remain asymptomatic or have only a mild illness. Globally, most cases of cholera are caused by O1 El Tor organisms. In recent years, an El Tor variant that has characteristics of both classical and El Tor biotypes and may be more virulent than older El Tor strains has emerged in Asia and spread to Africa and the Caribbean. This strain is responsible for the epidemic on Hispaniola and appears to cause a higher proportion of severe episodes of cholera with the potential for higher death rates.

HOW IT TRANSMITS

Toxigenic *V. cholerae* O1 and O139 are free-living bacterial organisms found in fresh and brackish water, often in

This chapter includes text excerpted from "Cholera," Centers for Disease Control and Prevention (CDC), June 24, 2019.

association with copepods or other zooplankton, shellfish, and aquatic plants. Cholera infections are most commonly acquired from drinking water in which *V. cholerae* is found naturally or into which it has been introduced from the feces of an infected person. Other common vehicles include fish and shellfish. Other foods, including produce, are less commonly implicated. Direct transmission from person to person, even to healthcare workers during epidemics, has been reported but is infrequent.

EPIDEMIOLOGY OF THE DISEASE

Cholera is endemic in approximately 50 countries, primarily in Africa and South and Southeast Asia, and can emerge in dramatic epidemics, although most cases go unreported. In October 2010, a large cholera epidemic began in Haiti and spread to the Dominican Republic and Cuba; it is now endemic at much lower levels in Haiti and the Dominican Republic, though small outbreaks still occur. Sporadic cases associated with travel to or from cholera-affected countries in Asia and Africa continue to occur.

From 2010 through 2016, 107 cases of cholera were confirmed in the United States among people who had traveled internationally in the week before illness. Of these, approximately 75 percent were associated with travel to the Caribbean, and 10 percent were associated with travel to India or Pakistan; other travel destinations reported included countries in Southeast Asia and both east and West Africa. There is a risk of cholera infection for travelers to areas where cholera is endemic or where there is an active epidemic. This risk is increased for those who drink untreated water, do not follow handwashing recommendations, do not use latrines or other sanitation systems, or eat raw or undercooked food, especially seafood. Healthcare and response workers in cholera-affected areas, such as in an outbreak or after a disaster, may also be at increased risk of cholera. People who have low gastric acidity or those with blood type O are at higher risk of severe cholera illness. Travelers who consistently observe safe food, water, sanitation, and handwashing recommendations while in countries affected by cholera have virtually no risk of acquiring cholera.

CLINICAL PRESENTATION

Cholera most commonly manifests as acute watery diarrhea in an afebrile person. Infection is often mild or asymptomatic, but it can be severe. Severe cholera is characterized by profuse watery diarrhea, described as "rice water stools," often accompanied by nausea and vomiting, that can rapidly lead to severe volume depletion. Signs and symptoms include tachycardia, loss of skin turgor, dry mucous membranes, hypotension, and thirst. Additional symptoms, including muscle cramps, are secondary to the resulting electrolyte imbalances. If untreated, rapid loss of body fluids can lead to severe dehydration, hypovolemic shock, and death within hours. With adequate and timely rehydration, the case fatality ratio is less than one percent.

DIAGNOSING CHOLERA

Cholera is confirmed through culture of a stool specimen or rectal swab. Cary-Blair medium can be used for transport, and selective media, such as taurocholate-tellurite-gelatin agar and thiosulfate-citrate-bile salts agar may be used for isolation and identification. Reagents for serogrouping *V. cholerae* isolates are available in state health department laboratories. Culture-independent diagnostic tests (CIDT) do not yield an isolate for antimicrobial susceptibility testing and subtyping. Reflex culture to recover an isolate should be performed when a diagnosis of *V. cholerae* is derived from a CIDT, and the isolate should be forwarded to a public-health laboratory for additional characterization. All isolates obtained in the United States should be sent to the CDC via state health department laboratories for identification and virulence testing. Cholera is a nationally notifiable disease.

TREATING CHOLERA

Rehydration is the cornerstone of cholera treatment. Oral rehydration solution and, when necessary, intravenous fluids and electrolytes, if administered in a timely manner and in adequate volumes, will reduce case fatality ratios to less than one percent. Antibiotics reduce fluid requirements and duration of illness and

are indicated in conjunction with aggressive hydration for severe cases and for those with moderate dehydration and ongoing fluid losses. Whenever possible, antimicrobial susceptibility testing should inform treatment choices. In most countries, doxycycline is recommended as the first-line antibiotic treatment for adults, and azithromycin is recommended for children and pregnant women. Multidrug-resistant isolates are emerging, particularly in South Asia, with resistance to quinolones, trimethoprim-sulfamethoxazole, and tetracycline. The strain from Hispaniola is also multidrug-resistant; however, it is still sensitive to doxycycline and tetracycline. Zinc supplementation reduces the severity and duration of cholera and other diarrheal diseases in children living in resource-limited areas.

PREVENTING CHOLERA

Food and Water

Safe food and water precautions and frequent handwashing are critical in preventing cholera. Chemoprophylaxis is not indicated.

Vaccine

No country or territory requires vaccination against cholera as a condition for entry. CVD 103-HgR, a single-dose oral cholera vaccine (Vaxchora, PaxVax), is licensed and available in the United States. The vaccine was previously marketed under the names Orochol and Mutacol in other countries. Vaxchora was approved in June 2016 for use in adults 18 years of age and older.

INDICATIONS

The Advisory Committee on Immunization Practices (ACIP) recommends CVD 103-HgR vaccine for adult travelers (18 to 64 years of age) to an area of active cholera transmission. An area of active cholera transmission is defined as a province, state, or other administrative subdivision within a country with endemic or epidemic cholera caused by toxigenic *V. cholerae* O1 and includes areas with cholera activity within the last year that are prone to recurrence of cholera epidemics; it does not include areas where rare sporadic

cases have been reported. A list of countries where cholera vaccine can be considered for travelers is found at wwwnc.cdc.gov/travel/diseases/cholera. However, cholera activity may be found only in certain parts of a country or in certain settings, and information about places with cholera activity may be incomplete because of variations in surveillance and reporting. Additional country-specific information may be found on the country-specific travel pages.

The vaccine is not routinely recommended for most travelers from the United States, as most do not visit areas with active cholera transmission.

VACCINE EFFICACY

Adults 18–45 years of age who received Vaxchora were protected against severe diarrhea after oral *V. cholerae* O1 challenge at ten days and at three months after vaccination (vaccine efficacy 90% and 80%, respectively). In adults 46–64 years of age, vibriocidal antibody seroconversion rates, the best available marker for protection against cholera, were noninferior to the response seen in adults 18–45 years of age.

VACCINE ADMINISTRATION

Vaxchora is administered in a single oral dose, which consists of ingestion of the entire contents of one double-chambered sachet. Vaxchora should be taken at least ten days before potential cholera exposure. Eating or drinking should be avoided for 60 minutes before and after oral ingestion of Vaxchora. Prepare and administer Vaxchora in a healthcare setting equipped to dispose of medical waste.

BOOSTER DOSES

The safety and efficacy of revaccination with CVD 103-HgR have not been established.

VACCINE SAFETY AND ADVERSE REACTIONS

Serious adverse events were rare among recipients of Orochol and Mutacol, the previously marketed formulation of the CVD

103-HgR vaccine. Systemic adverse events, which may include diarrhea and headache, occur at similar rates in Vaxchora recipients and nonrecipients.

PRECAUTIONS AND CONTRAINDICATIONS

Vaxchora is contraindicated in people with a history of a severe allergic reaction to any ingredient of Vaxchora or to a previous dose of any cholera vaccine. A study with the older formulation of CVD 103-HgR showed that concomitant use of chloroquine decreased the immune response to the vaccine; therefore, antimalarial prophylaxis with chloroquine should begin no sooner than ten days after administration of Vaxchora. Coadministration of mefloquine and proguanil with CVD 103-HgR did not diminish the vaccine's immunogenicity. Antibiotics may decrease the immune response to CVD 103-HgR, so vaccines should not be administered to patients who have received antibiotics in the previous 14 days.

Vaxchora is not currently licensed for use in children younger than 18 years of age. No information is available on the use of Vaxchora during pregnancy or lactation. The safety and effectiveness of Vaxchora have not been established in immunocompromised people. There was no difference in adverse events reported among HIV-positive recipients of an older formulation of the CVD 103-HgR vaccine and those who received a placebo.

Vaxchora may be shed in the stool for at least seven days, and the vaccine strain may be transmitted to nonvaccinated close contacts. Clinicians and travelers should use caution when considering whether to use the vaccine in people with immunocompromised close contacts.

Chapter 24 | Fevers

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Section 24.1 | Influenza

This section includes text excerpted from "Flu (Influenza)," Centers for Disease Control and Prevention (CDC), October 21, 2019.

The risk of exposure to influenza during travel depends somewhat on the time of year and destination.

- In the northern hemisphere, the flu season can begin as early as October and can last as late as April or May.
- In the temperate regions of the southern hemisphere, influenza activity typically occurs during April–September.
- In the tropics, influenza activity occurs throughout the year.
- Travelers in the northern and southern hemispheres can be exposed to influenza during months that fall outside of those listed above, especially when traveling as part of large tourist groups (e.g., on cruise ships) that include people from areas of the world where influenza viruses are circulating.

The Centers for Disease Control and Prevention (CDC) recommends that everyone six months and older get a flu vaccine yearly.

- Everyone six months and older should get a flu vaccine yearly, preferably in the fall before the U.S. flu season begins.
- People who have not gotten a flu vaccine for the current season and are traveling to parts of the world where influenza activity is ongoing should get a flu vaccine to protect themselves during their trip.
  - This is particularly important for people at high risk of flu-related complications.
  - The flu vaccine used in the northern hemisphere usually protects against the main viruses that have been circulating in other parts of the world.
- People should get vaccinated at least two weeks before travel because it takes two weeks for vaccine immunity to develop after vaccination.

- No information is available about the benefits of getting revaccinated before summer travel for those people who already were vaccinated during the preceding fall, so revaccination is not recommended.
- Keep in mind that the influenza vaccine manufactured for the upcoming or current season usually expires the following June. After June, flu vaccines are usually not available in the U.S. until the influenza vaccine for the next season is produced and made available in the fall.
- Also, even if you receive the previous season's vaccine before travel during the summer months, you should still receive the new flu vaccine that coming fall or winter.

ADDITIONAL INFORMATION FOR TRAVELERS

If you are sick with symptoms of influenza-like illness, you should not travel. These symptoms include fever, cough, sore throat, runny or stuffy nose, muscle or body aches, headache, and fatigue. Some people may have vomiting and diarrhea, though this is more common in children than adults. It is important to note that not everyone with flu will have a fever.

If you are sick, stay home until at least 24 hours after you no longer have a fever or signs of a fever without the use of a fever-reducing medicine, such as Tylenol®.

TRAVEL PREPARATION

- Investigate current flu activity in your region of travel. The CDC provides frequently updated information on seasonal flu activity throughout the world.
- Additional Travel Resources:
  - CDC: Travelers' Health Website (General)
  - CDC: Traveler Information Center

DURING AND AFTER YOUR TRIP

During Your Trip

- Follow local guidelines and practice healthy habits.

- Pay attention to announcements from the local government in your travel destination and monitor the local health and security situation.
- Follow any movement restrictions and prevention recommendations.
- Wash your hands often with soap and running water, especially after coughing or sneezing. Use alcohol-based hand sanitizer—containing at least 60 percent alcohol—when soap is not available and hands are not visibly dirty.
- Cover your mouth and nose with a tissue when you cough or sneeze, and put the used tissue in the trash. If you do not have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Avoid close contact with sick people.

What to Do if You Feel Sick

- It is expected that most people infected with the flu will recover without needing medical care. However, if you have severe illness or you are at high risk for flu complications, seek medical care.
- A U.S. consular officer can help you find local medical care in a foreign country. To contact the U.S. Embassy or Consulate in the country you are visiting, call Overseas Citizens Services at 888-407-4747 if calling from the U.S. or Canada, 00-1-202-501-4444 if calling from other countries. You can also visit the websites of U.S. Embassies, Consulates, and diplomatic missions to find the contact information for the local U.S. Embassy of the country you are visiting.

  Follow all local health recommendations.

Section 24.2 | Typhoid Fever

This section includes text excerpted from "Typhoid Fever," Centers for Disease Control and Prevention (CDC), March 10, 2013. Reviewed April 2020.

WHAT IS TYPHOID FEVER?

Typhoid fever is a serious disease spread by contaminated food and water. Symptoms of typhoid include lasting high fevers, weakness, stomach pains, headache, and loss of appetite. Some patients have constipation, and some have a rash. Internal bleeding and death can occur but are rare.

WHO IS AT RISK?

Typhoid fever is common in most parts of the world except in industrialized regions such as the United States, Canada, Western Europe, Australia, and Japan, so travelers to the developing world should consider taking precautions. Travelers to Asia, Africa, and Latin America are especially at risk, and the highest risk for typhoid is in South Asia.

About 300 people get typhoid fever in the United States each year, and most of these people have recently traveled. About 22 million cases of typhoid fever and 200,000 related deaths occur worldwide each year.

WHAT CAN TRAVELERS DO TO PREVENT TYPHOID FEVER?

Get Vaccinated for Typhoid

- Ask your doctor or nurse about a typhoid vaccine. This could be pills or a shot, and your doctor will help you decide which one is best for you.
    - Typhoid vaccine is only 50–80 percent effective, so you should still be careful about what you eat and drink.

Eat Safe Foods

EAT

- Food that is cooked and served hot
- Hard-cooked eggs

- Fruits and vegetables you have washed in clean water or peeled yourself
- Pasteurized dairy products

DO NOT EAT

- Food served at room temperature
- Food from street vendors
- Raw or soft-cooked (runny) eggs
- Raw or undercooked (rare) meat or fish
- Unwashed or unpeeled raw fruits and vegetables
- Peelings from fruit or vegetables
- Condiments (such as salsa) made with fresh ingredients
- Salads
- Unpasteurized dairy products
- "Bushmeat" (monkeys, bats, or other wild game)

Drink Safe Beverages

DRINK

- Bottled water that is sealed (carbonated is safer)
- Water that has been disinfected (boiled, filtered, treated)
- Ice made with bottled or disinfected water
- Bottled and sealed carbonated and sports drinks
- Hot coffee or tea
- Pasteurized milk

DO NOT DRINK

- Tap or well water
- Ice made with tap or well water
- Drinks made with tap or well water (such as reconstituted juice)
- Flavored ice and popsicles
- Unpasteurized milk
- Fountain drinks

Practice Hygiene and Cleanliness

- Wash your hands often.

- If soap and water are not available, clean your hands with hand sanitizer (containing at least 60% alcohol).
- Do not touch your eyes, nose, or mouth. If you need to touch your face, make sure your hands are clean.
- Try to avoid close contact such as kissing, hugging, or sharing eating utensils or cups with people who are sick.

IF YOU FEEL SICK AND THINK YOU MAY HAVE TYPHOID FEVER

- Talk to your doctor or nurse if you feel seriously ill, especially if you have a fever.
  - Tell them about your travel.
- Avoid contact with other people while you are sick.
  - Do not prepare or serve food to other people.

Chapter 25 | Fish Poisoning

Although toxins in fish can be a problem on any dinner table, you may be tempted to try local seafood more often when traveling to a remote ocean paradise. School yourself on these illnesses and protect yourself so you can enjoy your trip.

If you believe you are experiencing seafood poisoning, you should report it to the public-health department immediately and seek medical care.

CIGUATERA

You can get ciguatera by eating fish contaminated with toxins produced by tiny algae found around coral reefs.

Risk to Travelers

Ciguatera is most commonly caused by eating barracuda, moray eel, grouper, amberjack, sea bass, sturgeon, parrotfish, surgeonfish, and red snapper, or fish that are high on the food chain. Because fish are shipped around the world, you can get ciguatera anywhere. The risk is highest in fish from the Caribbean Sea and the Pacific and Indian Oceans. As many as 3 in every 100 travelers to these areas get ciguatera. The eastern Mediterranean and the Western Gulf of Mexico are also areas of risk.

Symptoms

Ciguatera symptoms usually develop 3–6 hours after eating contaminated fish but may come as many as 30 hours later. Symptoms can include nausea, vomiting, diarrhea, and stomach pain. Some

This chapter includes text excerpted from "Fish Poisoning in Travelers: Ciguatera and Scombroid," Centers for Disease Control and Prevention (CDC), November 18, 2019.

people may have a tingling sensation, tooth pain, or feeling as if teeth are loose, itching, a metallic taste in the mouth, or blurred vision. Additionally, sometimes people find that cold things feel hot and hot things feel cold. Symptoms usually last a few days but can linger for months or years. There is no way to cure ciguatera, but a doctor may be able to treat the symptoms. After recovering, avoid a relapse by avoiding fish, nuts, alcohol, and caffeine for at least six months.

Prevention

Avoid or limit eating reef fish, including the fish listed above. Especially avoid eating barracuda and moray eel, as they are more likely to cause ciguatera. Do not eat the fish's liver, intestines, eggs, or head because they have the highest concentration of toxins. The toxins that cause ciguatera do not affect the appearance, taste, or smell of fish, so there is no way to tell if fish is contaminated. The toxins are not destroyed by heat, so even thoroughly cooked fish is a risk.

SCOMBROID

Scombroid is caused by eating fish that has not been properly refrigerated or preserved.

Risk to Travelers

Scombroid occurs worldwide. Fish typically associated with it include tuna, mackerel, mahi mahi, sardines, anchovies, herring, bluefish, amberjack, and marlin.

Symptoms

Scombroid symptoms usually develop within a few minutes to an hour after eating contaminated fish. They usually resemble an allergic reaction such as flushing of the face, headache, heart palpitations, itching, blurred vision, cramps, and diarrhea. Symptoms can be treated with antihistamines (allergy medicine). Even without treatment, people usually get better within 12–48 hours.

Prevention

Contaminated fish may taste peppery, sharp, metallic, or bitter or might look and taste normal. Keep in mind that cooking the fish does not prevent scombroid.

SHELLFISH POISONING

Toxins in contaminated shellfish such as mussels, oysters, clams, scallops, cockles, abalone, whelks, moon snails, Dungeness crab, shrimp, and lobster can cause illness when eaten.

Risk to Travelers

Contaminated shellfish can be found in temperate and tropical waters worldwide during or after algae blooms. Different shellfish poisoning syndromes (such as paralytic, diarrheic, amnesic, and neurotoxic) are associated with shellfish from distinct geographical regions. Make sure to tell your doctor if you have traveled and you think you may have shellfish poisoning.

Symptoms

Symptoms usually appear 30–60 minutes after eating contaminated shellfish, but it could be a few hours before you start to feel sick. Symptoms vary based on the type of toxin in the shellfish and can include numbness and tingling, headache, nausea, vomiting, diarrhea, and memory loss. Severe cases can be fatal.

Prevention

The toxins that cause these symptoms cannot be destroyed by cooking, so the best way to avoid illness is to not eat shellfish. If you are visiting an area that has recently experienced an algae bloom, sometimes called "red tide" or "brown tide," it is especially important to avoid eating shellfish.

Treatment

There is no specific treatment for shellfish poisoning.

Chapter 26 | Hepatitis

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Section 26.1 | Hepatitis A

This section includes text excerpted from "Hepatitis A," Centers for Disease Control and Prevention (CDC), January 15, 2019.

WHAT IS HEPATITIS A?

Hepatitis A is a liver disease spread by contaminated food and water. It can also be spread from the hands of a person with hepatitis A. It is rarely spread through sexual contact.

Symptoms include a sudden onset of fever, tiredness, loss of appetite, nausea, vomiting, stomach pain, and jaundice (yellowing of the skin and eyes). Some people have no symptoms, while others have symptoms that last from on to six months. Most people recover with no lasting liver damage.

WHO IS AT RISK?

Hepatitis A is a common infection among travelers to developing countries. Travelers going to rural areas in developing countries have a higher risk of getting hepatitis A infections than other travelers. However, hepatitis A infections can happen in urban areas with "standard" tourist accommodations as well.

Adults and children one year of age and older who are traveling to or working in countries where they would have a high or intermediate risk of hepatitis A virus should strongly consider the hepatitis A vaccine. These areas include all parts of the world except Canada, Western Europe, and Scandinavia, Japan, New Zealand, and Australia.

WHAT CAN TRAVELERS DO TO PREVENT DISEASE?

Get a Hepatitis A Vaccine

- Ask your doctor or nurse about the hepatitis A vaccine.
  - The hepatitis A vaccine is given in two doses, six months apart. The vaccine is nearly 100 percent effective and has been a routine childhood vaccine in the United States since 2005.

EAT SAFE FOODS

Eat

- Food that is cooked and served hot
- Hard-cooked eggs
- Fruits and vegetables you have washed in clean water or peeled yourself
- Pasteurized dairy products

Do Not Eat

- Food served at room temperature
- Food from street vendors
- Raw or soft-cooked (runny) eggs
- Raw or undercooked (rare) meat or fish
- Unwashed or unpeeled raw fruits and vegetables
- Peelings from fruit or vegetables
- Condiments (such as salsa) made with fresh ingredients
- Salads
- Unpasteurized dairy products
- "Bushmeat" (monkeys, bats, or other wild game)

DRINK SAFE BEVERAGES

Drink

- Bottled water that is sealed (carbonated is safer)
- Water that has been disinfected (boiled, filtered, treated)
- Ice made with bottled or disinfected water
- Carbonated drinks
- Hot coffee or tea
- Pasteurized milk

Do Not Drink

- Tap or well water
- Ice made with tap or well water
- Drinks made with tap or well water (such as reconstituted juice)
- Flavored ice and popsicles
- Unpasteurized milk

PRACTICE HYGIENE AND CLEANLINESS

- Wash your hands often.
- If soap and water are not available, clean your hands with hand sanitizer (containing at least 60% alcohol).
- Do not touch your eyes, nose, or mouth. If you need to touch your face, make sure your hands are clean.
- Try to avoid close contact such as kissing, hugging, or sharing eating utensils or cups with people who are sick.

Section 26.2 | **Hepatitis B**

This section includes text excerpted from "Hepatitis B," Centers for Disease Control and Prevention (CDC), March 9, 2016. Reviewed April 2020.

WHAT IS HEPATITIS B?

Hepatitis B is a contagious virus that is transmitted through blood, blood products, and other body fluids (such as semen). Travelers can become infected through unprotected sex with an infected person, injection drug use, and transfusions with unscreened blood.

Symptoms include a sudden fever, tiredness, loss of appetite, nausea, vomiting, stomach pain, dark urine, joint pain, and yellowing of the skin and eyes (jaundice). Symptoms may last from several weeks to several months. Some people who get hepatitis B develop lifelong (chronic) hepatitis B. This can cause people to die early from liver disease and liver cancer.

WHO IS AT RISK?

Hepatitis B is most common in some countries in Asia, Africa, South America, and the Caribbean. However, it occurs in nearly every part of the world. The risk to most travelers is low, but travelers could become infected if they have sex with an infected person, receive a transfusion of unscreened blood, have medical or dental procedures, get tattoos or piercings, or receive acupuncture with needles that are not sterile.

WHAT CAN TRAVELERS DO TO PREVENT DISEASE?

Get Hepatitis B Vaccine

- Ask your doctor or nurse about hepatitis B vaccine. The vaccine is recommended for extended stay travelers, people with chronic conditions, older people, healthcare workers, and people who participate in high-risk activities (such as injection drug use and unprotected sex). Other travelers may consider the vaccine, especially since some countries may not screen their blood supply, and travelers could become infected by a blood transfusion.
- This vaccine is a 3 dose vaccine. The second vaccine is given one month after the first dose and the third dose is given six months after the first dose.
  - Talk to your doctor about accelerated dosing and the combination vaccine with hepatitis A.
- Routine booster doses are not recommended for any age group.
- The vaccine is over 90 percent effective and has been considered a routine childhood vaccine since 1995.

Protect Yourself

- Use latex condoms correctly.
- Do not inject drugs.
- Limit alcohol consumption. People take more risks when intoxicated.
- Do not share needles or any devices that can break the skin. That includes needles for tattoos, piercings, and acupuncture.
- If you do get tattoos or piercings, make sure equipment is sterile.
- If you receive medical or dental care, make sure the equipment is disinfected or sanitized.

Consider Medical Evacuation Insurance

- An injury or illness that requires invasive medical or dental treatment (e.g., injection, IV drip, transfusion,

stitching) could result in hepatitis B infection if the blood supply is not properly screened.
- Medical evacuation insurance may cover the cost to transfer you to the nearest destination where you can get complete care. Some policies may cover your eventual return to your home country.

Section 26.3 | Hepatitis C

This section includes text excerpted from "Hepatitis C," Centers for Disease Control and Prevention (CDC), March 10, 2013. Reviewed April 2020.

WHAT IS HEPATITIS C?

Hepatitis C is a contagious disease that causes liver damage. Hepatitis C is usually spread by blood contact. Rarely, it can be spread by sexual contact.

Hepatitis C can be a short-term (acute) illness; however, for most people, acute infection leads to long-term (chronic) infection which is a serious disease than can result in death. Many people who get the hepatitis C virus have no symptoms at first. Those who do have symptoms may have appetite loss, stomach pain, tiredness, nausea, dark urine, or yellowing of the skin and eyes (jaundice). Even if they do not have initial symptoms, most people who are infected develop a long-term illness that can result in serious liver disease, such as scarring and other damage to the liver (cirrhosis), liver failure, or liver cancer.

WHO IS AT RISK?

Hepatitis C is most common in some countries in Asia and Africa, but it occurs in nearly every part of the world. The risk to most travelers is low, but travelers could become infected if they receive a transfusion of unscreened blood, have medical or dental procedures in a developing country, get tattoos or piercings, or receive acupuncture with needles that are not sterile, or have sex with an infected person.

WHAT CAN TRAVELERS DO TO PREVENT HEPATITIS C?

There is currently no vaccine to prevent hepatitis C. Travelers can protect themselves by following these steps:

Protect Yourself

- Use latex condoms correctly.
- Do not inject drugs.
- Limit alcohol consumption. People take more risks when intoxicated.
- Do not share needles or any devices that can break the skin. That includes needles for tattoos, piercings, and acupuncture. If you do get tattoos piercings, or acupuncture in another country make sure the equipment used is sterile.
- If you receive medical or dental care, make sure the equipment is disinfected or sanitized.

Consider Medical Evacuation Insurance

- An injury or illness that requires invasive medical or dental treatment (e.g., injection, IV drip, transfusion, stitching) could result in hepatitis C infection if the blood supply is not properly screened.
- Medical evacuation insurance may cover the cost to transfer you to the nearest destination where complete care can be obtained. Some policies may cover your eventual return to your home country.

Section 26.4 | Hepatitis E

This section includes text excerpted from "Hepatitis E," Centers for Disease Control and Prevention (CDC), March 10, 2013. Reviewed April 2020.

WHAT IS HEPATITIS E?

Hepatitis E is a liver disease spread by contaminated food and water. Usually, hepatitis E is spread by contaminated water; however, in developed countries eating uncooked or undercooked animal products can also cause hepatitis E.

Some people who get hepatitis E do not ever feel sick. Others have symptoms that include a sudden onset of fever, tiredness, loss of appetite, nausea, vomiting, stomach pain, and yellowing of the skin and eyes (jaundice). Symptoms usually last less than two months but can last for up to six months. Pregnant women are most at risk of serious illness if they get hepatitis E. Most people recover with no lasting liver damage.

WHO IS AT RISK?

Hepatitis E is seen worldwide except for a few countries. Travelers to the developing world are especially at risk for hepatitis E. Hepatitis E is common in developing countries because many developing countries do not have the same food and water safety standards that the United States does. Large outbreaks of hepatitis E have occurred in the South and Central Asia, Tropical East Asia, Africa, and Central America

WHAT CAN TRAVELERS DO TO PREVENT HEPATITIS E?

There is no vaccine or medicine to prevent hepatitis E. Travelers should follow safe food and water guidelines and practice cleanliness and hygiene.

Drink Safe Beverages

DRINK

- Bottled water that is sealed (carbonated is safer)
- Water that has been disinfected (boiled, filtered, treated)

- Ice made with bottled or disinfected water
- Carbonated drinks
- Hot coffee or tea
- Pasteurized milk

DO NOT DRINK

- Tap or well water
- Ice made with tap or well water
- Drinks made with tap or well water (such as reconstituted juice)
- Flavored ice and popsicles
- Unpasteurized milk

Eat Safe Foods

EAT

- Food that is cooked and served hot
- Hard-cooked eggs
- Fruits and vegetables you have washed in clean water or peeled yourself
- Pasteurized dairy products

DO NOT EAT

- Food served at room temperature
- Food from street vendors
- Raw or soft-cooked (runny) eggs
- Raw or undercooked (rare) meat or fish
- Unwashed or unpeeled raw fruits and vegetables
- Peelings from fruit or vegetables
- Condiments (such as salsa) made with fresh ingredients
- Salads
- Unpasteurized dairy products
- "Bushmeat" (monkeys, bats, or other wild game)

Practice Hygiene and Cleanliness

- Wash your hands often.

- If soap and water are not available, clean your hands with hand sanitizer (containing at least 60% alcohol).
- Do not touch your eyes, nose, or mouth. If you need to touch your face, make sure your hands are clean.
- Try to avoid close contact such as kissing, hugging, or sharing eating utensils or cups with people who are sick.

Chapter 27 | Leptospirosis

INFECTIOUS AGENT

Leptospira spp., the causative agents of leptospirosis, are obligate aerobic, gram-negative spirochete bacteria.

HOW IT TRANSMITS

The infection route is through abrasions or cuts in the skin, or through the conjunctiva and mucous membranes. Humans may be infected by direct contact with urine or reproductive fluids from infected animals, through contact with urine-contaminated water or soil, or by consuming contaminated food or water. Infection rarely occurs through animal bites or human to human contact.

EPIDEMIOLOGY OF THE DISEASE

Leptospirosis has a worldwide distribution; incidence is higher in tropical climates. The estimated worldwide annual incidence is more than one million cases, including approximately 59,000 deaths. Regions with the estimated highest morbidity include South and Southeast Asia, Oceania, the Caribbean, parts of sub-Saharan Africa, and parts of Latin America. Outbreaks can occur after heavy rainfall or flooding in endemic areas, especially in urban areas of developing countries, where housing conditions and sanitation are poor. Outbreaks of leptospirosis have occurred in the United States after flooding in Hawaii, Florida, and Puerto Rico. Travelers participating in recreational freshwater activities, such as swimming or boating, are at increased risk, particularly after heavy rainfall or flooding. Prolonged exposure to contaminated water and activities

This chapter includes text excerpted from "Leptospirosis," Centers for Disease Control and Prevention (CDC), June 24, 2019.

that involve head immersion or swallowing water increase the risk of infection.

CLINICAL PRESENTATION

The incubation period is 2–30 days and illness usually occurs 5–14 days after exposure. While most infections are thought to be asymptomatic, clinical illness can present as a self-limiting acute febrile illness, estimated to occur in approximately 90 percent of clinical infections, or as a severe, potentially fatal illness with multiorgan dysfunction in 5 to 10 percent of patients. In patients who progress to severe disease, the illness can be biphasic, with a temporary decrease in fever between phases. The acute, septicemic phase (approximately 7 days) presents as an acute febrile illness with symptoms including headache (can be severe and include retro-orbital pain and photophobia), chills, myalgia (characteristically involving the calves and lower back), conjunctival suffusion (characteristic of leptospirosis but not occurring in all cases), nausea, vomiting, diarrhea, abdominal pain, cough, and rarely, a skin rash. The second or immune phase is characterized by antibody production and the presence of leptospires in the urine. In patients who progress to severe disease, symptoms can include jaundice, renal failure, hemorrhage, aseptic meningitis, cardiac arrhythmias, pulmonary insufficiency, and hemodynamic collapse. The classically described syndrome, Weil disease, consists of renal and liver failure and has a case fatality ratio of 5 to 15 percent. A severe pulmonary hemorrhagic syndrome is a rare but severe form of leptospirosis that can have a case fatality ratio of more than 50 percent. Poor prognostic indicators include older age and development of altered mental status, respiratory insufficiency, or oliguria.

DIAGNOSING LEPTOSPIROSIS

Diagnosis of leptospirosis is usually based on serology; microscopic agglutination test (MAT), the reference standard, is best performed on paired acute and convalescent serum samples, and can only be performed at certain reference laboratories. Detection of the organism in blood or cerebrospinal fluid (for patients with meningitis)

using real-time polymerase chain reaction (PCR) can provide a more timely diagnosis during the acute, septicemic phase, and PCR can also be performed on urine after the first week of illness. Various serologic screening tests are available, including ELISA and multiple rapid diagnostic tests; the use of IgM-specific serologic screening tests are recommended, and positive screening tests should be confirmed with MAT. Culture is insensitive and slow and, therefore, not recommended as the sole diagnostic method.

TREATING LEPTOSPIROSIS

Early antimicrobial therapy can be effective in decreasing the severity and duration of leptospirosis and should be initiated as soon as possible, without waiting for diagnostic test results, if leptospirosis is suspected. For patients with mild symptoms, doxycycline is a drug of choice (100 mg orally, twice daily), unless contraindicated; alternative options include ampicillin and amoxicillin. Intravenous penicillin (1.5 MU every 6 hours) is a drug of choice for patients with severe leptospirosis, and ceftriaxone was shown to be equally effective (1 g IV, once daily). As with other spirochetal diseases, antibiotic treatment of patients with leptospirosis may cause a Jarisch-Herxheimer reaction; however, this is rarely fatal. Patients with severe leptospirosis may require hospitalization and supportive therapy, including intravenous hydration and electrolyte supplementation, dialysis in the case of oliguric renal failure, and mechanical ventilation in the case of respiratory failure.

PREVENTING LEPTOSPIROSIS

No vaccine is available in the United States. Travelers who might be at an increased risk for infection should be educated on exposure risks and advised to consider preventive measures such as chemoprophylaxis; wearing protective clothing, especially footwear; and covering cuts and abrasions with occlusive dressings. Limited studies have shown that chemoprophylaxis with doxycycline (200 mg orally, weekly), begun 1–2 days before and continuing through the period of exposure, might be effective in preventing clinical disease in adults and could be considered for people at high risk

and with short-term exposures. The best way to prevent infection is to avoid exposure: travelers should avoid contact with potentially contaminated bodies of water, walking in floodwaters, and contact with potentially infected animals or their body fluids.

Chapter 28 | Listeriosis

Listeriosis is a serious food-borne infection caused in humans, usually acquired by the consumption of contaminated food containing the rod-shaped gram-positive bacterium *Listeria monocytogenes.* This bacteria is usually found in water, soil, and feces. Every year, in the United States, around 1,600 people are diagnosed with listeriosis, and about 260 people die. This bacterial infection mostly affects people with a weak immune system, adults older than 65 years of age, pregnant women, and newborns.

CAUSES OF LISTERIOSIS

Deli meats and unpasteurized dairy products are common foods that cause listeriosis outbreaks. Caramel apples, cantaloupe, and cabbages fertilized by sheep manure are the other foods that have been found to spark outbreaks. The increased risk of Listeria infection is also associated with the following:

- Acquired immunodeficiency syndrome (AIDS)
- Existing kidney disease
- Chemotherapy
- Cirrhosis
- Diabetes
- Splenectomy (spleen removal)
- Anti-rheumatoid arthritis medications and immunosuppressant drugs

SYMPTOMS OF LISTERIOSIS

The symptoms of listeriosis are caused depending on the person and part of the body affected. Similar to the other foodborne germs,

"Listeriosis," © 2020 Omnigraphics. Reviewed April 2020.

Listeria can cause diarrhea and fever. Women affected by invasive listeriosis (meaning the bacteria have spread beyond the gut) show symptoms depending on their condition.

- **Pregnant women.** Listeriosis is 10 times more likely to affect pregnant women than the general population. Fever and other flu-like symptoms, such as fatigue and muscle aches are typically experienced by pregnant women. Miscarriage, stillbirth, premature delivery, or life-threatening infections of the newborn can still occur if infected during pregnancy.
- **Newborn infants.** While a mother with a *Listeria* infection may not show any outward symptoms, an unborn child might be severely affected. A newborn can suffer a life-threatening infection within days and weeks after birth. The symptoms in a newborn child can be subtle but may include:
  - Irritability
  - Fever
  - Vomiting
  - Loss of interest in feeding
- **Women who are not pregnant.** Infections are usually passed unnoticed; however, if the infection spreads to the nervous system, the common symptoms include headache, stiff neck, confusion, loss of balance, and convulsions along with muscle aches and fever.

People with invasive listeriosis typically show symptoms beginning from 1 to 4 weeks after consuming *Listeria*-infected food; some people have recorded symptoms beginning as late as 70 days after exposure, or as early as the first day of exposure.

If the listeriosis infection spreads to the brain, the outcomes can be severe and may include:

- Cranial nerve palsies such as paralysis and tremors
- Encephalitis (inflammation of brain)
- Meningitis
- Meningoencephalitis (combination of meningitis and encephalitis)

- Cerebral abscesses (localized pus build-up within the brain)

DIAGNOSIS OF LISTERIOSIS

Listeriosis is diagnosed by blood, urine, or spinal fluid test. Physicians base their preliminary diagnosis on the patient's clinical history and physical exam, especially after the patient gives a history of likely exposure to a contaminated food source during a *Listeria* outbreak. A definitive diagnosis of listeriosis is by culturing *Listeria monocytogenes*bacteria from the patient's blood, cerebrospinal fluid, or amniotic fluid, usually on a medium that is selective for *Listeria* (e.g., RAPID'L mono agar). There are no accurate methods available to diagnose the bacteria in the stool. Also, there are still no effective serological tests available (blood samples that may distinguish particular bacteria-related proteins or bacteria-related antibodies) as per the Centers for Disease Control and Prevention (CDC).

TREATMENT OF LISTERIOSIS

Medications might not be required for minor infections. Supportive care to help relieve symptoms and prevent dehydration would only be required. For patients suffering from severe cases of listeriosis, hospitalization is required and the most common treatment choices are antibiotics. Often ampicillin is used alone or in conjunction with gentamicin. Penicillin G (Bicillin L-A), and trimethoprim-sulfamethoxazole (Bactrim, Septra) are the other antibiotics used. Intravenous antibiotics along with treatment and care up to six weeks are given to individuals suffering from septicemia or meningitis.

HOW LISTERIOSIS AFFECTS TRAVELERS AND PREVENTION METHODS

The risk of travelers getting affected by listeriosis is generally low. However, during an outbreak, this risk drastically increases. For example, on August 21, 2019, there was a listeriosis outbreak in

Andalusia, Spain. The source of the outbreak was found to be the result of consuming domestically produced chilled pork roast from a manufacturer in the municipality of Sevilla.

To minimize the risk of travelers being infected by listeriosis, the World Health Organization (WHO) recommends travelers visiting areas affected by this disease to take the same precaution methods that are taken for any kind of foodborne diseases.

Simple methods of *Listeria* prevention include washing hands and scrubbing fruits or vegetables thoroughly before cooking.

While listeriosis is rare, there are many approaches to help minimize the risk of infection; these measures are particularly relevant during pregnancy.

- **Cleanliness.** Washing hands, utensils, and kitchen surfaces with warm soapy water before preparing food.
- **Known sources.** Avoid potentially harmful foods by opting to consume products that are only from known safe sources.
- **Raw vegetables.** Scrubbing vegetables with a brush under clean warm water.
- **Cooking thoroughly.** Meat and egg dishes should be heated thoroughly and throughout.
- **Pasteurization.** *Listeria* monocytogenes are killed when the food is pasteurized. Avoid consuming unpasteurized dairy products. For example, cheeses including Brie, feta, Camembert, blue-veined cheeses, or Mexican-style cheeses such as queso fresco, panela, and quesoblanco should be avoided; unless the label clearly specifies the product was made with pasteurized milk.
- **Meat.** Unless cooked at a high temperature before eating, cold meats, especially deli meats and hot dogs must be avoided. Special care must be taken to wash anything that comes into contact with raw and cold meat.
- **Smoked seafood.** Refrigerated smoked seafood must be avoided unless it is cooked thoroughly before consumption.

- **Read the label.** Carefully read the product label about shelf period and storage temperatures, and follow them strictly.

Uncooked meats must be kept separate from cooked, ready-to-eat foods, and vegetables. Ready-to-eat food that has been refrigerated for more than one day should be avoided.

Listeriosis is a foodborne disease and, therefore, transmission from person-to-person is not possible. However, the consumption of unpasteurized milk and its products can increase the risk. Travelers can protect themselves by observing good personal and food hygiene, and avoiding risky food and drinks as mentioned above.

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Chapter 29 | Mosquito Bites

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Section 29.1 | Dengue Fever

This section includes text excerpted from "Dengue," Centers for Disease Control and Prevention (CDC), October 9, 2019.

WHAT IS DENGUE?

Dengue is a viral disease spread through mosquito bites. Symptoms include fever, headache, nausea, vomiting, rash, pain in the eyes, joints, and muscles, and minor bleeding. If you are bitten by an infected mosquito, symptoms can take up to two weeks to develop but usually last less than a week. In severe cases, symptoms may include hemorrhage, shock, organ failure, and death.

WHO IS AT RISK?

Travelers who go to tropical and subtropical regions are at risk of getting dengue. These areas include parts of the Caribbean, central and South America, Western Pacific Islands, Australia, Southeast Asia, and Africa. The mosquito that carries the dengue virus can bite during the day and night, both indoors and outdoors and often lives around buildings in urban areas. Dengue is not usually seen at altitudes above 6,500 feet (2,000 meters).

WHAT CAN TRAVELERS DO TO PREVENT DENGUE?

Travelers can protect themselves by preventing mosquito bites.

Prevent Mosquito Bites

- Cover exposed skin by wearing long-sleeved shirts, long pants, and hats.
- Use an appropriate insect repellent as directed.
- Higher percentages of active ingredients provide longer protection. Use products with the following active ingredients:
  - DEET (Products containing DEET include Off, Cutter, Sawyer, and Ultrathon)
  - Picaridin (also known as "KBR 3023," Bayrepel, and icaridin products containing picaridin include Cutter

Advanced, Skin So Soft Bug Guard Plus, and Autan [outside the U.S.])
    - Oil of lemon eucalyptus (OLE) or PMD (Products containing OLE include Repel and Off Botanicals)
    - IR3535 (Products containing IR3535 include Skin So Soft Bug Guard Plus Expedition and SkinSmart)
- Always follow product directions and reapply as directed:
    - If you are also using sunscreen, apply sunscreen first and insect repellent second.
    - Follow package directions when applying repellent on children. Avoid applying repellent to their hands, eyes, and mouth.
- Use permethrin-treated clothing and gear (such as boots, pants, socks, and tents). You can buy pretreated clothing and gear or treat them yourself.
    - Treated clothing remains protective after multiple washes. See the product information to find out how long the protection will last.
    - If treating items yourself, follow the product instructions carefully.
    - Do not use permethrin directly on the skin.
- Stay and sleep in screened or air-conditioned rooms.
- Use a bed net if the area where you are sleeping is exposed to the outdoors.

If You Are Bitten by Mosquitoes

- Avoid scratching mosquito bites.
- Apply hydrocortisone cream or calamine lotion to reduce itching.

IF YOU FEEL SICK AND THINK YOU MAY HAVE DENGUE

- Talk to your doctor or nurse if you feel seriously ill, especially if you have a fever.
    - Tell them about your travel.
- Use acetaminophen. Do not take pain relievers that contain aspirin and ibuprofen (Advil), it may lead to a greater tendency to bleed.

- Get lots of rest, and drink plenty of liquids.
- Avoid spreading the disease by preventing more mosquito bites.

DENGUE VACCINE

- In May 2019, Dengvaxia was approved by the U.S. Food and Drug Administration (FDA) in the United States for use in children 9 to 16 years of age living in an area where dengue is common (the U.S. territories of American Samoa, Puerto Rico and the U.S. Virgin Islands), with laboratory-confirmed prior dengue virus infection.
- The vaccine manufacturer, Sanofi Pasteur, announced in 2017 that people who receive the vaccine and have not been previously infected with a dengue virus may be at risk of developing severe dengue if they get dengue after being vaccinated.

Section 29.2 | Malaria

This section includes text excerpted from "Malaria," Centers for Disease Control and Prevention (CDC), July 14, 2017.

WHAT IS MALARIA?

Malaria is a disease spread through mosquito bites. Symptoms usually appear within 7–30 days but can take up to one year to develop. Symptoms include high fevers, shaking chills, and flu-like illness. Without treatment, malaria can cause severe illness and even death.

WHO IS AT RISK?

Malaria occurs in Africa, central and South America, parts of the Caribbean, Asia, Eastern Europe, and the south Pacific. People spending time outdoors, including sleeping outside, are at higher risk for malaria. Every year about 1700 cases of malaria and five deaths occur among international travelers from the United States.

WHAT CAN TRAVELERS DO TO PREVENT MALARIA?

Travelers can protect themselves from malaria by taking prescription medicine and preventing mosquito bites.

Take Prescription Medicine if Recommended

- Talk to your doctor about which medicine is best for you.
- There are prescription medicines you can take to prevent malaria.
- Take this medicine before, during, and after your trip.

Prevent Mosquito Bites

- Cover exposed skin by wearing long-sleeved shirts, long pants, and hats.
- Use an appropriate insect repellent as directed.
- Higher percentages of active ingredients provide longer protection. Use products with the following active ingredients:
  - DEET (Products containing DEET include Off, Cutter, Sawyer, and Ultrathon)
  - Picaridin (also known as "KBR 3023," Bayrepel, and icaridin products containing picaridin include Cutter Advanced, Skin So Soft Bug Guard Plus, and Autan [outside the U.S.])
  - Oil of lemon eucalyptus (OLE) or PMD (Products containing OLE include Repel and Off Botanicals)
  - IR3535 (Products containing IR3535 include Skin So Soft Bug Guard Plus Expedition and SkinSmart)
- Always follow product directions and reapply as directed:
  - If you are also using sunscreen, apply sunscreen first and insect repellent second.
  - Follow package directions when applying repellent on children. Avoid applying repellent to their hands, eyes, and mouth.
- Use permethrin-treated clothing and gear (such as boots, pants, socks, and tents). You can buy pretreated clothing and gear or treat them yourself.

  - Treated clothing remains protective after multiple washes. See the product information to find out how long the protection will last.
  - If treating items yourself, follow the product instructions carefully.
  - Do not use permethrin directly on the skin.
- Stay and sleep in screened or air-conditioned rooms.
- Use a bed net if the area where you are sleeping is exposed to the outdoors.

If You Are Bitten by Mosquitoes

- Avoid scratching mosquito bites.
- Apply hydrocortisone cream or calamine lotion to reduce itching.

IF YOU FEEL SICK AND THINK YOU MAY HAVE MALARIA

- Talk to your doctor or nurse if you feel seriously ill, especially if you have a fever up to one year after travel.
  - Tell them about your travel.
- Avoid spreading the disease by preventing more mosquito bites.

Section 29.3 | Yellow Fever

This section includes text excerpted from "Yellow Fever," Centers for Disease Control and Prevention (CDC), September 12, 2019.

WHAT IS YELLOW FEVER?

Yellow fever is a disease caused by a virus that is spread through mosquito bites. Symptoms take 3–6 days to develop and include fever, chills, headache, backache, and muscle aches. About 15 percent of people who get yellow fever develop serious illnesses that can lead to bleeding, shock, organ failure, and sometimes death.

WHO IS AT RISK?

Travelers to certain parts of South America and Africa are at risk for yellow fever.

WHAT CAN TRAVELERS DO TO PREVENT YELLOW FEVER?

Travelers can protect themselves from yellow fever by getting a yellow fever vaccine and preventing mosquito bites.

Get Yellow Fever Vaccine if Recommended or if Required

- Visit a yellow fever vaccination (travel) clinic and ask for a yellow fever vaccine.
- You should receive this vaccine at least ten days before your trip.
- After receiving the vaccine, you will receive a signed and stamped International Certificate of Vaccination or Prophylaxis (ICVP, sometimes called the "yellow card") which you must bring with you on your trip.
- The vaccine lasts for life for most people, but a booster after ten years is recommended for certain people.

Prevent Mosquito Bites

- Cover exposed skin by wearing long-sleeved shirts, long pants, and hats.
- Use an appropriate insect repellent as directed.
- Higher percentages of active ingredients provide longer protection. Use products with the following active ingredients:
  - DEET (Products containing DEET include Off, Cutter, Sawyer, and Ultrathon)
  - Picaridin (also known as "KBR 3023," Bayrepel, and icaridin products containing picaridin include Cutter Advanced, Skin So Soft Bug Guard Plus, and Autan [outside the U.S.])
  - Oil of lemon eucalyptus (OLE) or PMD (Products containing OLE include Repel and Off Botanicals)

    - IR3535 (Products containing IR3535 include Skin So Soft Bug Guard Plus Expedition and SkinSmart)
- Always follow product directions and reapply as directed:
    - If you are also using sunscreen, apply sunscreen first and insect repellent second.
    - Follow package directions when applying repellent on children. Avoid applying repellent to their hands, eyes, and mouth.
- Use permethrin-treated clothing and gear (such as boots, pants, socks, and tents). You can buy pretreated clothing and gear or treat them yourself.
    - Treated clothing remains protective after multiple washes. See the product information to find out how long the protection will last.
    - If treating items yourself, follow the product instructions carefully.
    - Do not use permethrin directly on the skin.
- Stay and sleep in screened or air-conditioned rooms.
- Use a bed net if the area where you are sleeping is exposed to the outdoors.

If You Are Bitten by Mosquitoes

- Avoid scratching mosquito bites.
- Apply hydrocortisone cream or calamine lotion to reduce itching.

IF YOU FEEL SICK AND THINK YOU MAY HAVE YELLOW FEVER

- Talk to your doctor or nurse if you feel seriously ill, especially if you have a fever.
    - Tell them about your travel.
- Use acetaminophen. Do not take pain relievers that contain aspirin and ibuprofen (Advil), it may lead to a greater tendency to bleed.
- Get lots of rest, and drink plenty of liquids.
- Avoid spreading the disease by preventing more mosquito bites.

Section 29.4 | Chikungunya

This section includes text excerpted from "Chikungunya," Centers for Disease Control and Prevention (CDC), February 6, 2020.

WHAT IS CHIKUNGUNYA?

Chikungunya is an illness caused by a virus that spreads through mosquito bites. The most common symptoms of chikungunya are fever and joint pain. Other symptoms may include headache, muscle pain, joint swelling, or rash.

WHO IS AT RISK?

Travelers who go to Africa, Asia, parts of Central and South America, and islands in the Indian Ocean, Western and South Pacific, and Caribbean are at risk. The mosquito that carries chikungunya virus bites primarily during the daytime, both indoors and outdoors, and often lives around buildings in urban areas.

WHAT CAN TRAVELERS DO TO PREVENT CHIKUNGUNYA?

There is no vaccine or medicine to prevent chikungunya. The only way to prevent chikungunya is to prevent mosquito bites. Preventing bites can be difficult, but it is important, as you can get sick after just one bite. Follow these steps to reduce the chances that you will be bitten by mosquitoes during your trip:

To Prevent Mosquito Bites

- Wear long-sleeved shirts and long pants.
- Use the U.S Environmental Protection Agency (EPA)-registered insect repellents with one of the following active ingredients: DEET, picaridin, IR3535, oil of lemon eucalyptus (OLE), para-menthane-diol (PMD), or 2-undecanone. Find an EPA-registered insect repellent that is right for you.
- Always follow product directions and reapply as directed:
  - If you are also using sunscreen, apply sunscreen first and insect repellent second.

- When using insect repellent on children:
  - Do not use products containing oil of lemon eucalyptus (OLE) or para-menthane-diol (PMD) on children under three years old of age.
  - Do not apply insect repellent to a child's hands, eyes, mouth, cuts, or irritated skin.
  - Adults: Spray insect repellent onto your hands and then apply to a child's face.
- Use permethrin-treated clothing and gear (such as boots, pants, socks, and tents). You can buy pretreated clothing and gear or treat them yourself.
  - Treated clothing remains protective after multiple washes. See the product information to find out how long the protection will last.
  - If treating items yourself, follow the product instructions carefully.
  - Do not use permethrin directly on the skin.
- Stay and sleep in screened or air-conditioned rooms.
  - Use a bed net if the area where you are sleeping is exposed to the outdoors.

IF YOU FEEL SICK AND THINK YOU MAY HAVE CHIKUNGUNYA

- Talk to your doctor or nurse if you feel seriously ill, especially if you have a fever.
  - Tell them about your travel.
- Use acetaminophen or paracetamol to treat fever and pain.
- Get lots of rest, and drink plenty of liquids.
- Avoid spreading the disease by preventing more mosquito bites.

Chapter 30 | Schistosomiasis

INFECTIOUS AGENT

Schistosomiasis is caused by helminth parasites of the genus *Schistosoma*.

HOW IT TRANSMITS

Waterborne transmission occurs when larval cercariae, found in contaminated bodies of freshwater, penetrate the skin.

EPIDEMIOLOGY OF THE DISEASE

An estimated 85 percent of the world's cases of schistosomiasis are in Africa, where prevalence rates can exceed 50 percent in local populations. *Schistosoma mansoni* and *S. haematobium* are distributed throughout Africa; only *S. haematobium* is found in areas of the Middle East, and *S. japonicum* is found in Indonesia and parts of China and Southeast Asia. Although schistosomiasis had been eliminated in Europe for decades, transmission of *S. haematobium* was reported in Corsica in 2014, where cases were identified among travelers who had bathed in the Cavu River. Two other species can infect humans: *S. mekongi*, found in Cambodia and Laos, and *S. intercalatum*, found in parts of Central and West Africa. These two species are rarely reported causes of human infection. Many countries endemic for schistosomiasis have established control programs, but others do not. Countries where development has led to widespread improvements in sanitation and water safety, as well as successful schistosomiasis control programs, may have

This chapter includes text excerpted from "Schistosomiasis," Centers for Disease Control and Prevention (CDC), June 24, 2019.

eliminated this disease. However, there are currently no international guidelines for verification of elimination.

Swimming, bathing, and wading in contaminated freshwater can result in infection; all ages are at risk. Human schistosomiasis is not acquired by contact with saltwater (oceans or seas). The distribution of schistosomiasis is very focused and determined by the presence of competent snail vectors, inadequate sanitation, and infected humans. The specific snail vectors can be difficult to identify, and whether snails are infected with human schistosome species can only be determined in the laboratory.

The geographic distribution of cases of schistosomiasis acquired by travelers reflects travel and immigration patterns. Most travel-associated cases of schistosomiasis are acquired in sub-Saharan Africa. Sites in Africa frequently visited by travelers are common sites of infection. These sites include rivers and water sources in the Banfora region (Burkina Faso) and areas populated by the Dogon people (Mali), Lake Malawi, Lake Tanganyika, Lake Victoria, the Omo River (Ethiopia), the Zambezi River, and the Nile River. However, as visitors travel to more remote sites, it is important to remember that most freshwater surface-water sources in Africa are potentially contaminated and can be sources of infection. A local claim that there is no schistosomiasis in a body of freshwater is not necessarily reliable.

The types of travelers and expatriates potentially at increased risk for infection include adventure travelers, Peace Corps volunteers, missionaries, soldiers, and ecotourists. Outbreaks of schistosomiasis have occurred among adventure travelers on river trips in Africa.

CLINICAL PRESENTATION

The incubation period is typically 14–84 days for acute schistosomiasis (Katayama syndrome), but chronic infection can remain asymptomatic for years. Penetration of cercariae can cause a rash that develops within hours or up to a week after contaminated water exposure. Acute schistosomiasis is characterized by fever, headache, myalgia, diarrhea, and respiratory symptoms. Eosinophilia is often present; painful hepatomegaly or splenomegaly may also occur.

The clinical manifestations of chronic schistosomiasis are the result of host immune responses to schistosome eggs. Eggs secreted by adult worm pairs living in the bloodstream become lodged in the capillaries of organs and cause granulomatous reactions. *S. mansoni* and *S. japonicum* eggs most commonly lodge in the blood vessels of the liver or intestine and can cause diarrhea, constipation, and blood in the stool. Chronic inflammation can lead to bowel wall ulceration, hyperplasia, and polyposis and, with heavy infections, to periportal liver fibrosis. *S. haematobium* eggs typically lodge in the urinary tract and can cause dysuria and hematuria. Calcifications in the bladder may appear late in the disease. *S. haematobium* infection can also cause genital symptoms and has been associated with an increased risk of bladder cancer. As with acute schistosomiasis, eosinophilia may be present during chronic infection with any species.

Rarely, central nervous system manifestations of schistosomiasis may develop; this is thought to result from aberrant migration of adult worms or eggs depositing in the spinal cord or brain. Signs and symptoms are related to ectopic granulomas in the central nervous system and can present as transverse myelitis.

DIAGNOSING SCHISTOSOMIASIS

Diagnosis is made by microscopic identification of parasite eggs in stool (*S. mansoni* or *S. japonicum*) or urine (*S. haematobium*). Serologic tests are useful to diagnose light infections because egg shedding may not be consistent in travelers and in others who have not had schistosomiasis previously. Antibody tests do not distinguish between past and current infection but are useful for identifying asymptomatic people who may have been exposed during travel and may benefit from treatment.

TREATING SCHISTOSOMIASIS

Schistosomiasis is uncommon in the United States, and clinicians unfamiliar with management of the condition should consult an infectious disease or tropical medicine specialist for diagnosis and treatment. Praziquantel is used to treat schistosomiasis.

Praziquantel is most effective against adult forms of the parasite and requires an immune response to the adult worm to be fully effective. Host immune response differences may affect individual response to treatment with praziquantel. Although a single course of treatment is usually curative, in lightly infected patients, the immune response may be less robust, and a repeat treatment may be needed after 2–4 weeks to increase effectiveness.

PREVENTING SCHISTOSOMIASIS

No vaccine and no drugs are available for preventing schistosomiasis infection. Preventive measures include avoiding wading, swimming, or other contacts with freshwater in disease-endemic countries. Untreated piped water coming directly from freshwater sources may contain cercariae, but filtering with fine-mesh filters, heating bathing water to 122°F (50°C) for five minutes, or allowing water to stand for more than 24 hours before exposure can prevent infection.

Swimming in an adequately chlorinated swimming pool is safe, even in disease-endemic countries, although confirming adequate levels of chlorination is difficult. Vigorous towel-drying after accidental exposure to water has been suggested as a way to remove cercariae before they can penetrate, but this may only prevent some infections and should not be recommended as a preventive measure. Topical applications of insect repellents, such as DEET can block penetrating cercariae, but the effect depends on the repellent formulation, may be short-lived, and does not provide adequate coverage to prevent infection reliably.

Chapter 31 | Tetanus

INFECTIOUS AGENT

Clostridium tetani, a spore-forming, anaerobic, gram-positive bacterium. Bacteria are ubiquitous in the environment.

HOW IT TRANSMITS

Direct contamination of open wounds and nonintact skin. "Tetanus-prone" wounds include those contaminated with dirt, human or animal excreta, or saliva; punctures; burns; crush injuries; or injuries with necrotic tissue.

EPIDEMIOLOGY OF THE DISEASE

Tetanus infections are distributed worldwide. More common in rural and agricultural regions, areas where contact with soil or animal excreta is likely, and areas where immunization is inadequate. Tetanus can affect any age group.

CLINICAL PRESENTATION

The incubation period is ten days (range, 3–21 days). Acute symptoms typically include muscle rigidity and spasms, often in the jaw (lockjaw) and neck. Tetanus is usually classified as local, cephalic, generalized, and neonatal. Symptoms of localized tetanus include muscle spasms confined to the injury site. Cephalic tetanus is characterized by head or face wound and flaccid cranial nerve palsies. Progression from these forms to generalized tetanus may occur. Generalized tetanus is characterized by lockjaw, generalized spasms, risus sardonicus, and opisthotonus. Neonatal tetanus

This chapter includes text excerpted from "Tetanus," Centers for Disease Control and Prevention (CDC), June 24, 2019.

occurs in newborns who have contaminated umbilical stumps and whose mothers are unimmunized or inadequately immunized. Severe tetanus can lead to respiratory failure and death. Case fatality ratios are high even where modern intensive care is available.

DIAGNOSING TETANUS

Diagnosis is clinical; no confirmatory laboratory tests are available. Tetanus is a nationally notifiable disease.

TREATING TETANUS

Tetanus requires hospitalization, treatment with human tetanus immune globulin (TIG), a tetanus toxoid booster, agents to control muscle spasm, aggressive wound care, and antibiotics. Metronidazole is the most appropriate antibiotic. The wound should be debrided widely and excised if possible.

PREVENTING TETANUS

All travelers should be up-to-date with the tetanus toxoid vaccine before departure. Ensure adequate immunity to tetanus by completing the childhood primary vaccine series with tetanus toxoid, a booster dose during adolescence, and at 10-year intervals thereafter during adulthood. An age-appropriate tetanus toxoid–containing vaccine may be needed as early as five years since the last dose for high-risk wounds. In addition, for unvaccinated or inadequately vaccinated people or people with HIV infection or other severe immunodeficiencies, a prophylactic dose of TIG may also be required.

Chapter 32 | Travelers' Diarrhea

Travelers' diarrhea is the most common travel-related illness. It can occur anywhere, but the highest-risk destinations are in Asia (except for Japan and South Korea) as well as the Middle East, Africa, Mexico, and Central and South America.

In otherwise healthy adults, diarrhea is rarely serious or life-threatening, but it can make a trip very unpleasant.

STEPS TO AVOID TRAVELERS' DIARRHEA

- **Choose food and drinks carefully**
  Eat only foods that are cooked and served hot. Avoid food that has been sitting on a buffet. Eat raw fruits and vegetables only if you have washed them in clean water or peeled them. Only drink beverages from factory-sealed containers, and avoid ice because it may have been made from unclean water.
- **Wash your hands**
  Wash your hands often with soap and water, especially after using the bathroom and before eating. If soap and water aren't available, use an alcohol-based hand sanitizer. In general, it is a good idea to keep your hands away from your mouth.

This chapter includes text excerpted from "Travelers' Diarrhea," Centers for Disease Control and Prevention (CDC), October 8, 2019.

WAYS TO TREAT TRAVELERS' DIARRHEA

- **Drink lots of fluids**
  If you get diarrhea, drink lots of fluids to stay hydrated. In serious cases of travelers' diarrhea, oral rehydration solution—available online or in pharmacies in developing countries—can be used for fluid replacements.
- **Take over-the-counter drugs**
  Several drugs, such as loperamide, can be bought over-the-counter (OTC) to treat the symptoms of diarrhea. These drugs decrease the frequency and urgency of needing to use the bathroom and may make it easier for you to ride on a bus or airplane while waiting for an antibiotic to take effect.
- **Only take antibiotics if needed**
  Your doctor may give you antibiotics to treat travelers' diarrhea, but consider using them only for severe cases. If you take antibiotics, take them exactly as your doctor instructs. If severe diarrhea develops soon after you return from your trip, see a doctor and ask for stool tests so you can find out which antibiotic will work for you.

Chapter 33 | Tuberculosis

INFECTIOUS AGENT

Mycobacterium tuberculosis is a rod-shaped, nonmotile, slow-growing, acid-fast bacterium.

HOW IT TRANSMITS

Tuberculosis (TB) transmission occurs when a contagious patient coughs, spreading bacilli through the air. Bovine TB (caused by the closely related *M. bovis*) can be transmitted by consuming unpasteurized dairy products from infected cattle.

EPIDEMIOLOGY OF THE DISEASE

Globally, 10.4 million new TB cases and 1.7 million TB-related deaths are estimated to occur each year. TB occurs throughout the world, but the incidence varies. In the United States, the annual incidence is less than 3 per 100,000 population, but in some countries in sub-Saharan Africa and Asia, the annual incidence is several hundred per 100,000.

Drug-resistant TB is of increasing concern. Multidrug-resistant (MDR) TB is resistant to the two most effective drugs, isoniazid and rifampin. Extensively drug-resistant (XDR) TB is resistant to isoniazid and rifampin, any fluoroquinolone, and greater than or equal to 1 of 3 injectable second-line drugs (amikacin, kanamycin, or capreomycin). MDR TB is less common than drug-susceptible TB, but globally approximately 490,000 new cases of MDR TB are diagnosed each year, and some countries

This chapter includes text excerpted from "Tuberculosis," Centers for Disease Control and Prevention (CDC), June 24, 2019.

have proportions of MDR TB more than 25 percent. MDR and XDR TB are of particular concern among HIV-infected or other immunocompromised people. As of 2016, XDR TB had been reported in 123 countries.

Before leaving the United States, travelers who anticipate possible prolonged exposure to TB (such as those spending time caring for patients or working in healthcare facilities, correctional facilities, or homeless shelters) or those who plan a prolonged stay in an endemic country should have a pretravel blood-based interferon-γ release assay (IGRA, such as QuantiFERON, T-SPOT.TB) or a 2-step tuberculin skin test (TST).

If the predeparture test result is negative, the IGRA or single TST should be repeated 8–10 weeks after returning from travel. The predeparture test and follow-up test after travelers' return should be the same test type to ensure accurate interpretation of results. Because people with HIV infection or other immunocompromising conditions are more likely to have an impaired response to either a skin or blood test, travelers should inform their clinicians about such conditions.

Although the risk of TB transmission on an airplane is low and dependent on the infectiousness of the TB patient, seating proximity, flight duration, and host factors, instances of transmission have occurred. To prevent TB transmission, people who have infectious TB (TB that can be spread to other people) should not travel by commercial airplanes or other commercial conveyances. Only TB of the lung or airway is infectious, and health department authorities determine whether a person is infectious based on the person's chest radiograph, sputum tests, symptoms, and treatment received. The World Health Organization (WHO) has issued guidelines for notifying passengers potentially exposed to TB aboard airplanes. Passengers concerned about possible exposure to TB should see their primary healthcare provider or visit their local health department clinic for evaluation.

Bovine TB (*M. bovis*) is a risk in travelers who consume unpasteurized dairy products in countries where *M. bovis* in cattle is common. Mexico is a common place of infection with *M. bovis* for U.S. travelers.

CLINICAL PRESENTATION

TB infection can be identified by a positive TST or IGRA result 8–10 weeks after exposure. Overall, only 5–10 percent of otherwise healthy people have an infection that progresses to TB disease during their lifetime. Progression of the disease can occur from weeks to decades after the initial infection. People with TB disease have symptoms or other manifestations of illness, such as an abnormal chest radiograph. In the remainder, the infection remains in an inactive state (latent TB infection or LTBI) in which the infected person has no symptoms and cannot spread TB to others.

TB disease can affect any organ but most commonly the lungs (70–80%). Typical TB symptoms include prolonged cough, fever, decreased appetite, weight loss, night sweats, and coughing up blood (hemoptysis). The most common sites for TB outside the lungs are the lymph nodes, pleura, bones and joints, brain and spinal cord lining (meningitis), kidneys, bladder, and genitalia.

The risk of progression to disease is much higher in immunosuppressed people (for example, 8–10 percent per year in HIV-infected people not receiving antiretroviral therapy). People who are receiving tumor necrosis factor blockers to treat rheumatoid arthritis and other chronic inflammatory conditions are also at increased risk for disease progression.

DIAGNOSING TUBERCULOSIS

The Centers for Disease Control and Prevention (CDC)/American Thoracic Society (ATS)/Infectious Diseases Society of America (IDSA) have published diagnostic recommendations for both TB disease and LTBI. Sputum or other respiratory cultures and smears for acid-fast bacilli (AFB) should be collected for suspected cases of pulmonary TB, and for AFB smear-positive pulmonary cases, a nucleic acid amplification test (NAAT) positive for *M. tuberculosis* complex rapidly confirms the diagnosis. Similarly, diagnosis of extrapulmonary TB disease can be confirmed with a NAAT positive for *M. tuberculosis* complex or culture positive for *M. tuberculosis* from affected body tissues or fluids. On average, it takes about

two weeks to culture and identify *M. tuberculosis*, even with rapid culture techniques.

A preliminary diagnosis of TB can be made when AFB is seen by a microscope on a sputum smear or in other body tissues or fluids. However, microscopy cannot distinguish between *M. tuberculosis* and nontuberculous mycobacteria. This is particularly problematic in countries, such as the United States where TB incidence is low. NAATs are more rapid than culture and specific for *M. tuberculosis*. They are also more sensitive than the acid-fast bacillus smear but less sensitive than culture.

A diagnosis of TB disease can be made using clinical criteria in the absence of microbiologic confirmation. However, laboratory testing should be performed when feasible to confirm the diagnosis. Molecular tests for drug resistance can be performed directly on specimens and can guide initial treatment while culture results are pending. Culture-based susceptibility testing is recommended for all patients with a positive culture, regardless of the availability of molecular testing, to guide the final determination on the appropriate drug regimen.

LTBI is diagnosed by a positive IGRA or TST after further examinations (such as chest radiograph, symptom review) have excluded TB disease. TB is a nationally notifiable disease.

TREATING TUBERCULOSIS

People with LTBI can be treated, and treatments are effective at preventing progression to TB disease. It is necessary to exclude TB disease before starting LTBI treatment. Current LTBI regimens in the United States for drug-susceptible TB include three months of once-weekly isoniazid and rifapentine (3HP), four months of daily rifampin, and six to nine months of daily isoniazid. Given low completion rates of the six to nine months isoniazid regimen, shorter-duration regimens are generally preferred. However, providers should choose the regimen on the basis of coexisting medical illness, the potential for drug interactions, and drug-susceptibility results of the presumed source of exposure (if known). For example, rifampin has interactions with oral contraceptives and certain antiretroviral medications taken by people with HIV/AIDS.

For people who are at especially high risk for TB disease and may have difficulty adhering to treatment or are given an intermittent dosing regimen, directly observed therapy (DOT) for LTBI may be considered. Travelers who suspect that they have been exposed to TB should inform their healthcare provider of the possible exposure and receive a medical evaluation. Because drug resistance is relatively common in some parts of the world, travelers who have TST or IGRA conversion associated with international travel should consult experts in infectious diseases or pulmonary medicine.

Drug-susceptible TB disease is treated with a multiple-drug regimen administered by DOT for 6–9 months (usually isoniazid, rifampin, ethambutol, and pyrazinamide for two months, followed by isoniazid and rifampin for an additional four months). Patients with drug-resistant TB are more difficult to treat, requiring 4–6 drugs for 18–24 months, and should be managed by an expert in MDR/XDR TB. CDC/ATS/IDSA has published guidelines on treatment for drug-susceptible TB disease.

PREVENTING TUBERCULOSIS

Travelers should avoid exposure to people with TB disease in crowded and enclosed environments (such as healthcare facilities, correctional facilities, or homeless shelters). Travelers who will be caring for patients or working in healthcare facilities where TB patients are likely to be encountered should be advised to consult infection control or occupational health experts about baseline LTBI screening and procedures for obtaining personal respiratory protective devices (such as N-95 respirators), along with respirator selection and training.

Based on WHO recommendations, bacillus Calmette-Guérin (BCG) vaccine is used once at birth in most developing countries to reduce the severe consequences of TB in infants and children. However, BCG vaccine has variable efficacy in preventing the adult forms of TB. Although not routinely recommended for use in the United States, some experts have advocated BCG vaccination for healthcare providers who are likely to be exposed to MDR or XDR TB patients in settings where the TB infection-control measures

(such as those recommended in the United States) are not fully implemented. BCG may offer some protection in this circumstance; however, people who receive BCG vaccination must follow all recommended TB infection-control precautions to the greatest extent possible. Additionally, IGRA is preferred over the TST for pretravel and posttravel testing in people vaccinated with BCG, as BCG may result in false-positive TST results.

To prevent infections due to *M. bovis*, travelers should also avoid eating or drinking unpasteurized dairy products.

Chapter 34 | Viral Infections

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Section 34.1 | Ebola

This section includes text excerpted from "Ebola," Centers for Disease Control and Prevention (CDC), June 4, 2018.

WHAT IS EBOLA AND HOW DOES IT SPREAD?

Ebola is a rare and deadly disease spread by direct contact with blood or body fluids of a person infected with the Ebola virus. It is also spread by contact with a contaminated object or infected animal.

The Ebola virus can remain in certain body fluids of people who have recovered from Ebola. These body fluids include semen, fluids in the eye, and fluids found around the brain and spine. It is possible for Ebola to spread through sex or other contacts with the semen of a man who has recovered from Ebola.

WHO IS AT RISK?

For most travelers, there is a very low risk for Ebola. Travelers who have close contact with nonhuman primates (such as monkeys, chimpanzees, and gorillas) or bats in tropical Africa are at risk. People who care for people sick with Ebola are also at risk. There have been confirmed cases in African countries such as the Republic of the Congo, Ivory Coast, the Democratic Republic of the Congo, Gabon, South Sudan, Uganda, Guinea, Liberia, Sierra Leone, and Nigeria.

WHAT CAN TRAVELERS DO TO PREVENT EBOLA?

Although there is no approved or widely available vaccine for Ebola, travelers should take these steps to prevent infection:

- **Avoid contact with sick people, dead bodies, blood, or body fluids**
  - Do not handle items that may have come in contact with a sick person's blood or body fluids.
- **Avoid contact with animals**
  - Avoid contact with monkeys, chimpanzees, gorillas, and bats.

    - Do not eat or handle raw or undercooked meat or any bushmeat (wild animals hunted for food).
- **Practice good hygiene**
    - Wash your hands often. If soap and water are not available, clean your hands with hand sanitizer (containing at least 60% alcohol).
    - Do not touch your eyes, nose, or mouth. If you must, make sure your hands are clean first.
- **Healthcare workers who may be exposed to people infected with the Ebola virus should follow these steps:**
    - Avoid contact with infected patients without the use of recommended protective equipment.
    - Always wear protective equipment, including masks, gloves, gowns, and goggles.
    - Practice proper infection control and sterilization measures.
    - Isolate patients with Ebola from unprotected persons.
- **If symptoms consistent with Ebola develop:**
    - Talk to a doctor immediately. Tell the doctor about your recent travel and your symptoms before you go to her or his office or emergency room.
    - If you are sick, try to stay away from others. Stay home or in your hotel room unless you need medical care.

Section 34.2 | Human Immunodeficiency Virus

This section includes text excerpted from "HIV," Centers for Disease Control and Prevention (CDC), May 1, 2018.

WHAT IS HUMAN IMMUNODEFICIENCY VIRUS (HIV)?

HIV is a virus that attacks the body's immune system. It is spread through certain body fluids, including blood, sexual fluids (such as

semen and vaginal or rectal fluids), and breast milk. Most people get HIV from having unprotected sex (including vaginal or anal sex) with someone who has HIV, or from sharing needles or other drug-injection equipment with someone who has HIV.

Early symptoms of HIV infection may include cough, body aches, headaches, nasal congestion, and sore throat. These symptoms usually go away on their own and can be mistaken for flu-like illness. Some people may have no early symptoms at all and may feel healthy. The only way to know for sure whether you have HIV is to get tested.

Over time, HIV infection damages the immune system, making it harder for the body to fight off infections and other diseases, including heart disease, kidney disease, liver disease, and cancer. Left untreated, HIV infection can lead to AIDS (acquired immunodeficiency syndrome). AIDS is the most severe phase of HIV infection. People with AIDS have such badly damaged immune systems that they get severe infections that do not normally infect healthy people, called "opportunistic infections," and eventually, the infection leads to death. No effective cure exists, but with early diagnosis and proper medical care, HIV can be managed and controlled.

WHO IS AT RISK?

Travelers are generally at low risk for getting HIV unless they act in ways that could put them at risk, such as having unprotected sex or sharing needles with people who are or might be infected with HIV. Because people with HIV infection may appear healthy for many years, you often cannot tell if someone has HIV.

Some developing countries may not adequately screen their blood supplies, and travelers could become infected by receiving blood transfusions, blood products, or organ/tissue transplants that are contaminated with HIV. Less commonly, HIV may also be spread by being stuck with an HIV-contaminated needle or other sharp objects. This is a risk mainly for healthcare workers.

HIV infection affects people around the world. Sub-Saharan Africa remains the most affected part of the world, but other regions significantly affected by HIV include Asia and the Pacific,

Latin America and the Caribbean, and eastern Europe and central Asia.

WHAT CAN TRAVELERS DO TO PREVENT HIV?

Before Travel

- Talk with your healthcare provider about "PrEP" (or pre-exposure prophylaxis). Travelers who are at high risk for HIV infection can discuss getting a daily pill that prevents HIV, known as "PrEP."
- Get tested. Knowing your status is important because it helps you make healthy decisions to prevent getting or transmitting HIV.
- Consider medical evacuation insurance.
  - An injury or illness that requires invasive medical or dental treatment (injection, blood transfusion, stitches, etc.) could result in HIV infection or other illnesses if the blood supply is not properly screened or the equipment is not sterile.
  - Medical evacuation insurance may cover the cost to transfer you to the nearest place where you can get safe and complete care. Some policies may cover your eventual return to your home country.

During Travel

- Before having sex for the first time with a new partner, you and your partner should talk about your sexual and drug-use history, disclose your HIV status, and consider getting tested for HIV and learning the results.
  - Do not assume someone is HIV- or STD-free if they do not bring it up, or based on how they look.
- If you have sex, use condoms every time you have vaginal, oral, or anal sex, from start to finish.
- Do not inject drugs or share needles or other devices that can break the skin. If you do inject drugs, use only new, sterile needles and works.
- If you get tattoos, piercings, or acupuncture abroad, make sure a new, sterile needle is used each time.

- If you get medical or dental care abroad, make sure the equipment is unused or properly sterilized.

IF YOU THINK YOU COULD HAVE GOTTEN HIV DURING TRAVEL

- Talk to your doctor or nurse if you feel seriously ill, especially if you have a fever or any other flu-like symptoms.
  - Tell them about your travel and possible risk of exposure to HIV.
  - Get tested for HIV.
- No effective cure exists for HIV. But with early diagnosis and proper medical care, HIV can be managed and controlled. Treatment for HIV is called "antiretroviral therapy," or "ART." If taken as directed, every day, ART can dramatically prolong the lives of many people infected with HIV, keep them healthy, and greatly lower their chance of infecting others.

Section 34.3 | Norovirus

This section includes text excerpted from "Norovirus," Centers for Disease Control and Prevention (CDC), June 24, 2019.

INFECTIOUS AGENT

Norovirus infection is caused by nonenveloped, single-stranded RNA viruses of the genus Norovirus, which have also been referred to as "Norwalk-like viruses," Norwalk viruses, and small round-structured viruses. Norovirus is a cause of viral gastroenteritis, sometimes referred to as "stomach flu," however, there is no biologic association with influenza or influenza viruses.

HOW IT TRANSMITS

Transmission occurs primarily through the fecal–oral route, either through direct person to person contact or indirectly via contaminated

food or water. Norovirus is also spread through aerosols of vomitus and contaminated environmental surfaces and objects.

EPIDEMIOLOGY OF THE DISEASE

Norovirus infections are common throughout the world, and globally most children will have experienced more than one infection by the age of five years. Norovirus infections can occur year-round, but in temperate climates, norovirus activity peaks during the winter. Noroviruses are common in both developing and developed countries. Globally, norovirus is estimated to cause 18 percent of acute gastroenteritis cases and may be responsible for approximately 200,000 deaths annually. In the United States, norovirus is the leading cause of medically attended gastroenteritis in young children and of outbreaks of gastroenteritis; it is estimated to cause 19–21 million illnesses a year and approximately 50 percent of all foodborne disease outbreaks.

Norovirus outbreaks frequently occur in settings where people live in close quarters and can easily infect each other. Although most norovirus outbreaks occur in healthcare, school, and food-service settings, outbreaks also occur on cruise ships, and in hotels, camps, and dormitories. Norovirus is a well-known cause of travelers' diarrhea; prevalence in some settings is known to be greater than in others. Because coinfection and asymptomatic infection with norovirus are common, additional controlled studies are needed to determine exactly how frequently norovirus is the cause of disease.

The risk for infection is present anywhere food is prepared in an unsanitary manner and may become contaminated or where drinking water is inadequately treated. Of particular risk are "ready-to-eat" cold foods, such as sandwiches and salads. Raw shellfish, especially oysters, are also a frequent source of infection because virus from contaminated water concentrates in the gut of these filter feeders. Contaminated ice has also been implicated in outbreaks.

Viral contamination of inanimate objects or environmental surfaces (fomites) may persist during and after outbreaks and be a source of infection. On cruise ships, for instance, environmental contamination has caused recurrent norovirus outbreaks on successive cruises with newly boarded passengers. Transmission of

norovirus on airplanes has been reported during both domestic and international flights and likely results from contamination of lavatories or from symptomatic passengers in the cabin.

CLINICAL PRESENTATION

Infected people usually have an acute onset of vomiting with non-bloody diarrhea. The incubation period is 12–48 hours. Other symptoms include abdominal cramps, nausea, and sometimes a low-grade fever. Illness is generally self-limited, and full recovery can be expected in 1–3 days for most patients. In some cases, dehydration, especially in patients who are very young or elderly, may require medical attention.

DIAGNOSING THE NOROVIRUS DISEASE

Norovirus infection is generally diagnosed based on symptoms. Norovirus diagnostic testing is not widely performed to guide clinical management of individual patients, but laboratory testing is used during outbreak investigations by public-health agencies.

Polymerase chain reaction (PCR)-based multi pathogen diagnostic panels are increasingly available for clinical and research purposes; these panels have good sensitivity and specificity to detect norovirus. The most common diagnostic test used at state public-health laboratories and the CDC is reverse transcription polymerase chain reaction (RT-PCR), which rapidly and reliably detects the virus in stool specimens. Several commercial enzyme immunoassays (EIAs) are also available to detect the virus in stool specimens. The specificity and sensitivity of EIAs are relatively poor compared with RT-PCR.

TREATING THE NOROVIRUS DISEASE

Supportive care is the mainstay of treatment of norovirus disease, especially oral or intravenous rehydration. For routine management of acute gastroenteritis in children, antidiarrheals and antiemetics are not recommended because high-quality evidence for efficacy and their potential toxicity is lacking. For adults, antimotility, antisecretory, and antiemetic agents may be useful adjuncts

to rehydration. Antibiotics are not useful in treating patients with norovirus disease.

PREVENTING THE NOROVIRUS DISEASE

No vaccine is currently available, although vaccine development efforts are advancing. Noroviruses are common and highly contagious, but the risk for infection can be minimized by frequent and proper handwashing and avoiding possibly contaminated food and water. Washing hands with soap and water for at least 20 seconds is considered the most effective way to reduce norovirus contamination; alcohol-based hand sanitizers might be useful between handwashings but should not be considered a substitute for soap and water.

In addition to handwashing, measures to prevent transmission of noroviruses between people traveling together include carefully cleaning up fecal material or vomit and disinfecting contaminated surfaces and toilet areas. Products should be approved by the Environmental Protection Agency (EPA) for norovirus disinfection; alternatively, a dilute bleach solution (5–25 tablespoons bleach per gallon of water) may be used. Soiled articles of clothing should be washed at the maximum available cycle length and machine-dried at high heat.

To help prevent the spread of noroviruses, isolation may be considered for ill people on cruise ships and in institutional settings, including hospitals, long-term care facilities, and schools.

Section 34.4 | West Nile Virus

This section includes text excerpted from "West Nile Virus," Centers for Disease Control and Prevention (CDC), October 28, 2013. Reviewed April 2020.

WHAT IS WEST NILE VIRUS?

West Nile virus (WNV) is an illness caused by a virus that is spread through mosquito bites. About 80 percent of people who are infected with WNV do not feel sick. For people who do feel sick,

symptoms can include fever, headache, tiredness, nausea, vomiting, swollen lymph glands, and a rash on the chest, stomach, or back. Symptoms usually last from a few days to a few weeks. In rare cases, more serious symptoms of WNV can occur. Serious symptoms include high fever, headache, neck stiffness, lack of energy, disorientation, coma, tremors, convulsions, muscle weakness, vision loss, numbness, and paralysis.

WNV can also be spread through blood transfusions, transplants, breastfeeding, and from mother to baby. However, these types of cases are rare; most WNV cases are caused by mosquito bites.

WHO IS AT RISK?

Travelers who go to Africa, Europe, the Middle East, West and Central, or North America are at risk of getting West Nile virus. Travelers who plan to spend a lot of time outdoors or who will be in areas with a lot of mosquitoes are at increased risk of WNV. Travelers over 50 years of age are at the highest risk for severe disease if they get WNV.

WHAT CAN TRAVELERS DO TO PREVENT WEST NILE VIRUS?

There is no vaccine or medicine that prevents West Nile virus. Travelers can protect themselves by preventing mosquito bites.

Prevent Mosquito Bites

- Cover exposed skin by wearing long-sleeved shirts, long pants, and hats.
- Use an appropriate insect repellent as directed.
- Higher percentages of active ingredients provide longer protection. Use products with the following active ingredients:
  - DEET (Products containing DEET include Off, Cutter, Sawyer, and Ultrathon)
  - Picaridin (also known as "KBR 3023," Bayrepel, and icaridin products containing picaridin include Cutter Advanced, Skin So Soft Bug Guard Plus, and Autan [outside the U.S.])

  - Oil of lemon eucalyptus (OLE) or PMD (Products containing OLE include Repel and Off Botanicals)
  - IR3535 (Products containing IR3535 include Skin So Soft Bug Guard Plus Expedition and SkinSmart)
- Always follow product directions and reapply as directed:
  - If you are also using sunscreen, apply sunscreen first and insect repellent second.
  - Follow package directions when applying repellent on children. Avoid applying repellent to their hands, eyes, and mouth.
- Use permethrin-treated clothing and gear (such as boots, pants, socks, and tents). You can buy pretreated clothing and gear or treat them yourself.
  - Treated clothing remains protective after multiple washes. See the product information to find out how long the protection will last.
  - If treating items yourself, follow the product instructions carefully.
  - Do not use permethrin directly on the skin.
- Stay and sleep in screened or air-conditioned rooms.
- Use a bed net if the area where you are sleeping is exposed to the outdoors.

If You Are Bitten by Mosquitoes

- Avoid scratching mosquito bites.
- Apply hydrocortisone cream or calamine lotion to reduce itching.

IF YOU FEEL SICK AND THINK YOU MAY HAVE WEST NILE VIRUS

- Talk to your doctor or nurse if you feel seriously ill, especially if you have a fever.
  - Tell them about your travel.
- Use acetaminophen. Do not take pain relievers that contain aspirin and ibuprofen (Advil), it may lead to a greater tendency to bleed.
- Get lots of rest, and drink plenty of liquids.

- Avoid spreading the disease by preventing more mosquito bites.

Section 34.5 | Zika

This section includes text excerpted from "Zika," Centers for Disease Control and Prevention (CDC), March 28, 2019.

ABOUT ZIKA

Many people infected with Zika virus do not get sick or only have mild symptoms. However, infection during pregnancy can cause severe birth defects.

- Zika is still a problem in many parts of the world. Because there is no vaccine or medicine for Zika, travelers should take steps to prevent getting Zika during travel. They should also take steps to prevent spreading it when they return home.
- Visit wwwnc.cdc.gov/travel/page/zika-information for information on countries and territories with Zika.

HOW DOES ZIKA VIRUS SPREAD?

Zika can spread several ways, including:

- **Through the bite of an infected mosquito.** Mosquitoes become infected when they bite a person infected with the virus. Infected mosquitoes can then spread the virus to other people through bites.
- **From a pregnant woman to her developing fetus**, or at the time of birth, if the mother is infected with Zika during pregnancy.
- **Through sex with a person who is infected with Zika.** Zika can be sexually transmitted from an infected man or woman. But Zika can stay in a man's semen longer than in a woman's body fluids. Zika can stay in a man's semen for months after infection and be transmitted through sex during that time.

WHAT CAN TRAVELERS DO TO PREVENT ZIKA?

- **Pregnant women should NOT travel to areas with Zika outbreaks.** This is because Zika infection during pregnancy can cause serious birth defects.
- **Before traveling to other areas with risk of Zika,** pregnant women and couples planning a pregnancy in the next three months should discuss their travel plans with their healthcare provider and carefully consider the risks and possible consequences of travel to these areas. These areas have a potential risk of Zika, but there is no accurate information on the current level of risk. As a result, the detection and reporting of new outbreaks may be delayed.
- **All travelers to areas with risk of Zika should (1) prevent mosquito bites and (2) use condoms or not have sex** to protect against Zika during travel. They should continue to take these precautions after their trip to stop the spread of Zika to others back home.

SPECIAL PRECAUTIONS FOR SPECIFIC GROUPS

The Centers for Disease Control and Prevention (CDC) recommends special precautions for:

- pregnant women
- the partners of pregnant women
- those considering pregnancy

Pregnant Women

- Do not travel to areas with Zika outbreaks (red areas on the map) because Zika infection during pregnancy can cause serious birth defects.
- Before traveling to other areas with risk of Zika (purple areas on the map), discuss your travel plans with your healthcare provider. Carefully consider the risks and possible consequences of travel to these areas. In deciding whether to travel, consider the destination, your reasons for traveling, your feelings about the potential risks, and your ability to prevent mosquito bites.

- If you must travel:
  - Strictly follow steps to prevent mosquito bites during travel and for three weeks after your return.
  - Strictly follow steps to prevent sexual transmission during your trip.
  - See your healthcare provider after your return for routine prenatal care and if you experience any symptoms of Zika infection.
  - Tell your healthcare provider at each prenatal care visit about any travel and about possible Zika exposure.
- If your partner travels (to red or purple areas on the map):
  - Use condoms every time you have sex—or do not have sex—for the rest of the pregnancy, even if your partner does not have symptoms or feel sick.

Travelers to Red or Purple Areas on the Map

Those who have a pregnant partner:

- Strictly follow steps to prevent mosquito bites during travel and for three weeks after your return.
- Use condoms every time you have sex—or do not have sex—for the rest of the pregnancy, even if you do not have symptoms or feel sick.

Travelers to Red or Purple Areas on the Map

Those considering pregnancy:

- Talk to your healthcare provider about your pregnancy plans and possible Zika risk before travel.
- Strictly follow steps to prevent mosquito bites during travel and for three weeks after your return.
- If you are a couple traveling together or a man traveling without your partner: Wait at least three months after you return (or from the start of symptoms, if the man develops symptoms) before trying to conceive. During that time, use condoms or do not have sex to prevent passing Zika to your partner.
- If you are a woman (and your male partner does not travel): Wait at least two months after you return (or

from the start of symptoms, if you develop symptoms) before trying to conceive. During that time, use condoms or do not have sex to prevent passing Zika to your partner.

Men are advised to wait longer because Zika can stay in semen longer than in other body fluids and can be spread to partners through sex during that time.

DURING TRAVEL: PROTECT YOURSELF

- Prevent mosquito bites.
  - Use the U.S. Environmental Protection Agency (EPA)-registered insect repellents with one of the following active ingredients: DEET, picaridin, IR3535, oil of lemon eucalyptus, para-menthane-diol, or 2-undecanone. Always use as directed.
  - Cover exposed skin. Wear long-sleeved shirts and long pants
  - Stay in places with air conditioning or with window and door screens, or sleep under a mosquito bed net.
  - For extended stays take steps to control mosquitoes inside and outside, such as removing standing water.
- Prevent sexual transmission.
  - Use condoms every time you have vaginal, anal, or oral sex—or do not have sex—if you are concerned about getting or passing Zika through sex. This is especially important if you or your partner is pregnant or planning to become pregnant.

AFTER TRAVEL: PROTECT OTHERS

- **Continue using mosquito repellent** for three weeks after your return, even if you do not feel sick. This will help prevent spreading Zika from uninfected mosquitoes that can spread the virus to other people.
- **To protect your partners, use condoms—or do not have sex**—for at least three months after travel if you are a man,

and for at least two months after travel if you are a woman. If you and your partner travel together, use condoms for at least three months after your return. If your partner is pregnant, use condoms for the rest of her pregnancy.

IF YOU FEEL SICK AND THINK YOU MAY HAVE ZIKA

- Talk to your healthcare provider if you develop common symptoms of Zika, including fever, rash, headache, joint pain, red eyes, or muscle pain.
- Tell your healthcare provider where you traveled.
- Take medicine, such as acetaminophen, to reduce fever and pain.
- Do not take aspirin or other nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen, until your healthcare provider is sure you do not have dengue. Dengue is another disease transmitted by mosquitoes that cause symptoms similar to Zika and can cause internal bleeding.
- If you are taking medicine for another condition or if you are pregnant, talk to your healthcare provider before taking additional medicines.
- A blood or urine test can identify Zika infection.

Chapter 35 | Other Health Risks of Travel

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Section 35.1 | Altitude Sickness

This section includes text excerpted from "Travel to High Altitudes," Centers for Disease Control and Prevention (CDC), November 18, 2019.

The low oxygen levels found at high altitudes can cause problems for travelers who are going to destinations higher than 8,000 feet above sea level.

ASCEND GRADUALLY

If you plan to travel to a higher altitude and sleep there, you can get sick if you do not ascend gradually.

- Do not go from a low-altitude to sleeping at higher than 9,000 feet above sea level in one day. Instead, spend a few days at 8,000 to 9,000 feet before proceeding to a higher altitude to give your body time to adjust to the low oxygen levels.
- Once you are above 9,000 feet, increase your sleeping altitude by no more than 1,600 feet per day. For every 3,300 feet, you ascend, try to spend a day without ascending further.
- Do not drink alcohol or do heavy exercise for at least the first 48 hours after you arrive at an altitude above 8,000 feet.
- As an alternative, consider taking a day trip to a higher altitude and then returning to a lower altitude to sleep.

Sometimes your itinerary may not allow gradual ascent. If this is the case, talk to your doctor about prescribing medicine to prevent altitude illness. You should also be familiar with the symptoms of altitude illness so that you can take steps to prevent it from becoming more severe. Many high-altitude destinations are remote and lack access to medical care, so preventing altitude illness is better than getting sick and needing emergency treatment.

ALTITUDE ILLNESS

The symptoms of altitude illness are similar to those of a hangover: headache, tiredness, lack of appetite, nausea, and vomiting. Children who cannot yet talk may just seem fussy. Mild cases can be treated by alleviating symptoms (such as with painkillers for a headache) and should go away on their own within a few days. Medicines are available to shorten the time it takes to get used to high altitude. However, people with altitude illness should not continue to ascend until they have gotten used to the altitude. A person whose symptoms are getting worse while resting at the same altitude must descend or risk serious illness or death.

One severe consequence of altitude illness is swelling of the brain (high-altitude cerebral edema [HACE]). Symptoms include extreme fatigue, drowsiness, confusion, and loss of coordination. HACE is rare, but it can be fatal. If it develops, the person must immediately descend to a lower altitude.

The swelling of the lungs (high-altitude pulmonary edema [HAPE]) is another severe consequence of altitude illness. Symptoms include shortness of breath, weakness, and cough. A person with HAPE must also descend and will likely need oxygen.

PREEXISTING MEDICAL CONDITIONS

People with preexisting medical conditions should talk with a doctor before traveling to high-altitudes.

- People with heart or lung disease should talk to a doctor who is familiar with high-altitude medicine before their trip.
- People with diabetes need to be aware that their illness may be difficult to manage at high altitudes. Pregnant women can make brief trips to high altitudes, but they should talk with their doctor because they may be advised not to sleep at altitudes above 12,000 feet.

Section 35.2 | Jet Lag

This section includes text excerpted from "Jet Lag," Centers for Disease Control and Prevention (CDC), June 24, 2019.

RISK FOR TRAVELERS

Jet lag results from a mismatch between a person's circadian (24-hour) rhythms and the time of day in the new time zone. When establishing risk, clinicians should first determine how many time zones the traveler will cross and what the discrepancy will be between time of day at home and at the destination. During the first few days after a flight to a new time zone, a person's circadian rhythms are still "anchored" to time of day at home. Rhythms then adjust gradually to the new time zone. A useful web-based tool for world time zone travel information can be found at www.timeanddate.com/worldclock/converter.html. If less than three time zones are being crossed, any symptoms, such as tiredness are likely due to travel fatigue rather than significant jet lag, and will soon abate.

Many people traveling more than three time zones away for a vacation accept the risk of jet lag as a transient and mild inconvenience, while other people who are traveling on business or to compete in athletic events desire clear advice on prophylactic measures and treatments. If less than two days are spent in the new time zone, some people may prefer to anchor their sleep-wake schedule to time of day at home as much as is practical. Thereby, the total "burden" of jet lag resulting from the short round trip is minimized.

CLINICAL PRESENTATION

The symptomatology of jet lag can often be difficult to define because of variation between people, but also because the same person can experience different symptoms after each flight. Jet-lagged travelers typically experience more than one of the following symptoms after a flight across more than time zones:

- Poor sleep, including difficulty initiating sleep at the usual time of night (after eastward flights), early awakening (after westward flights), and fractionated sleep (after flights in either direction)

- Poor performance in physical and mental tasks during the new daytime
- Negative feelings such as fatigue, headache, irritability, anxiety, inability to concentrate, and depression
- Gastrointestinal disturbances and decreased interest in, and enjoyment of, meals
- Symptoms are difficult to distinguish from the general fatigue resulting from international travel itself, as well as from other travel factors, such as hypoxia in the aircraft cabin.

TREATMENT FOR JET LAG

Since light and social contacts influence the timing of internal circadian rhythms, a traveler who is staying in the time zone for more than two days should try to follow the local people's sleep-wake habits as much as possible and as quickly as possible. This approach can be supplemented with the following information on specific treatments.

Light

Exposure to bright light can advance or delay human circadian rhythms depending on when it is received relative to a person's body clock time. Consequently, schedules have been formulated for proposed "good" and "bad" times for exposure to light after arrival in a new time zone (www.caa.co.uk/Passengers/Before-you-fly/Am-I-fit-to-fly/Health-information-for-passengers/Jet-lag/).

After flights that cross a large number of time zones, the proposed best circadian time for exposure to light immediately after the flight may actually be when it is still dark in the new time zone, which raises the question of whether exposure to supplementary light from a "lightbox" is helpful. Unfortunately, to date, only one small randomized controlled trial on supplementary bright light for reducing jet lag has been conducted. No clinically relevant effects of supplementary light on jet lag symptoms were detected after a flight across five time zones going west.

Diet and Physical Activity

Most dietary interventions have not been found to reduce jet lag symptoms. In a recent study, long-haul flight crews showed a small improvement in their general subjective rating of jet lag, but not the separate symptoms of jet lag or alertness, on their days off work when they adopted more regular meal times. Because gastrointestinal disturbance is a common symptom, smaller meals before and during the flight might be better tolerated than larger meals. Caffeine and physical activity may be used strategically at the destination to ameliorate any daytime sleepiness, but little evidence indicates that these interventions reduce overall feelings of jet lag. Any purported treatments that are underpinned by homeopathy, aromatherapy, and acupressure have no scientific basis.

Hypnotic Medications

Prescription medications like temazepam, zolpidem, or zopiclone may reduce sleep loss during and after travel but do not necessarily help resynchronize circadian rhythms or improve overall jet lag symptoms. If indicated, the lowest effective dose of a short-to medium-acting compound should be prescribed for the initial few days, bearing in mind the adverse effects of these drugs.

Taking hypnotics during a flight should be considered with caution because the resulting immobility could increase the risk of deep vein thrombosis. Alcohol should not be used by travelers as a sleep aid, because it disrupts sleep and can provoke obstructive sleep apnea.

Melatonin and Melatonin-Receptor Analogs

Melatonin is secreted at night by the pineal gland and is probably the most well-known treatment for jet lag. Melatonin delays circadian rhythms when taken during the rising phase of body temperature (usually the morning) and advances rhythms when ingested during the falling phase of body temperature (usually the evening). These effects are opposite to those of bright light.

The instructions on most melatonin products advise travelers to take it before nocturnal sleep in the new time zone, irrespective

of the number of time zones crossed or the direction of travel. Studies published in the mid-1980s indicated a substantial benefit of melatonin (just before sleep) for reducing overall feelings of jet lag after flights. However, subsequent larger studies did not replicate the earlier findings.

Melatonin is considered a dietary supplement in the United States and is not regulated by the U.S. Food and Drug Administration (FDA). Therefore, the advertised concentration of melatonin has not been confirmed for most melatonin products on the market, and the presence of contaminants in the product cannot be ruled out.

Ramelteon, a melatonin-receptor agonist, is an FDA-approved treatment for insomnia. A dose of 1 mg taken just before bedtime can decrease sleep onset latency after eastward travel across five time zones. Higher doses do not seem to lead to further improvements, and the effects of the medication on other symptoms of jet lag and the timing of circadian rhythms are not as clear.

Combination Treatments

Multiple therapies to decrease jet lag symptoms may be combined into treatment packages. Although marginal gains from multiple treatments may aggregate, evidence from robust randomized controlled trials is lacking for most of these treatment packages. One treatment package offering tailored advice via a mobile application was piloted to be used over several months of frequent flying. Participants reported reduced fatigue compared with the comparator group and improved aspects of health-related behavior such as physical activity, snacking, and sleep quality but not other measures of sleep (latency, duration, use of sleep-related medication).

In conclusion, there is still no "cure" for jet lag. Counseling should focus on the factors that are known, from laboratory simulations, to alter circadian timing. Nevertheless, more randomized controlled trials of treatments prescribed before, during, or after transmeridian flights are needed before the clinician can provide robust, evidence-based advice.

Section 35.3 | Motion Sickness

This section includes text excerpted from "Motion Sickness," Centers for Disease Control and Prevention (CDC), June 24, 2019.

RISK FOR TRAVELERS

Motion sickness is the term attributed to physiologic responses to travel by sea, car, train, air, and virtual reality immersion. Given sufficient stimulus, all people with functional vestibular systems can develop motion sickness. However, people vary in their susceptibility. Risk factors include the following:

- Age—children 2 to 12 years of age are especially susceptible, but infants and toddlers are generally immune. Adults 50 years of age and older are less susceptible to motion sickness.
- Sex—women are more likely to have motion sickness, especially when pregnant, menstruating, or on hormones.
- Migraines—people who get migraine headaches are more prone to motion sickness, especially during a migraine.
- Medication—some prescriptions can worsen the nausea of motion sickness.

CLINICAL PRESENTATION

Travelers suffering from motion sickness commonly exhibit some or all of the following symptoms:

- Nausea
- Vomiting/retching
- Sweating
- Cold sweats
- Excessive salivation
- Apathy
- Hyperventilation
- Increased sensitivity to odors
- Loss of appetite

- Headache
- Drowsiness
- Warm sensation
- General discomfort

TREATING MOTION SICKNESS

Antihistamines are the most frequently used and widely available medications for motion sickness; nonsedating ones appear to be less effective. Antihistamines commonly used for motion sickness include cyclizine, dimenhydrinate, meclizine, and promethazine (oral and suppository). Other common medications used to treat motion sickness are anticholinergics such as scopolamine (hyoscine—oral, intranasal, and transdermal), antidopaminergic drugs (such as prochlorperazine,) metoclopramide, sympathomimetics, and benzodiazepines. Clinical trials have not shown that ondansetron, a drug commonly used as an antiemetic in cancer patients, is effective in the prevention of nausea associated with motion sickness.

Medications in Children

Although using antihistamines to treat motion sickness in children is considered off-label, for children 2–12 years of age, dimenhydrinate (Dramamine), 1–1.5 mg/kg per dose, or diphenhydramine (Benadryl), 0.5–1 mg/kg per dose up to 25 mg, can be given one hour before travel and every six hours during the trip. Because some children have paradoxical agitation with these medicines, a test dose should be given at home before departure. Oversedation of young children with antihistamines can be life-threatening.

Scopolamine can cause dangerous adverse effects in children and should not be used; prochlorperazine and metoclopramide should be used with caution in children.

PREVENTING MOTION SICKNESS

Nonpharmacologic interventions to prevent or treat motion sickness include the following:

- Being aware of and avoiding situations that tend to trigger symptoms

- Optimizing position to reduce motion or motion perception—for example, driving a vehicle instead of riding in it, sitting in the front seat of a car or bus, sitting over the wing of an aircraft, holding the head firmly against the back of the seat, and choosing a window seat on flights and trains
- Reducing sensory input—lying prone, shutting eyes, sleeping, or looking at the horizon
- Maintaining hydration by drinking water, eating small meals frequently, and limiting alcoholic and caffeinated beverages
- Avoiding smoking—even short-term cessation reduces susceptibility to motion sickness
- Adding distractions—controlling breathing, listening to music, or using aromatherapy scents, such as mint or lavender. Flavored lozenges may also help.
- Using acupressure or magnets is advocated by some to prevent or treat nausea, although scientific data on the efficacy of these interventions for preventing motion sickness are lacking.
- Gradually exposing oneself to continuous or repeated motion sickness triggers. Most people, in time, notice a reduction in motion sickness symptoms.

Section 35.4 | Sun Exposure

This section includes text excerpted from "Sun Exposure," Centers for Disease Control and Prevention (CDC), December 13, 2018.

You are at an increased risk of the sun's harmful ultraviolet (UV) rays when traveling near the equator, during summer months, at high altitudes, and between 10 a.m. and 4 p.m. You can even be exposed to UV rays on cloudy days. Reflection from the snow, sand, and water increases sun exposure, so protect yourself from

the sun during outdoor activities, including skiing (snow or water,) spending time at the beach, swimming, and sailing.

PROTECT YOURSELF FROM THE SUN

- Stay in the shade, especially during midday hours (10 a.m. to 4 p.m).
- Wear clothing to protect exposed skin.
- Wear a hat with a wide brim to shade the face, head, ears, and neck.
- Drink plenty of nonalcoholic fluids.
- Wear sunglasses that block both UVA and UVB rays.
  - Use sunscreen.
  - Use SPF 15 or higher.
  - Look for "blocks UVA and UVB" or "broad spectrum" on the label.
  - Apply sunscreen liberally (minimum of one ounce) at least 20 minutes before sun exposure.
  - Apply sunscreen to all exposed skin. Remember to apply to ears, scalp, lips, neck, tops of feet, and backs of hands.
  - Reapply at least every two hours and each time you get out of the water or sweat heavily.
  - If you are also using insect repellent, apply sunscreen first and repellent second. Sunscreen may need to be reapplied more often.
  - Throw away sunscreens after 1 to 2 years.
- Avoid indoor tanning. Getting a base tan before your vacation damages your skin and does not protect you from sun exposure on your trip.

TREATING A SUNBURN

- Take aspirin, acetaminophen, or ibuprofen to relieve pain, headache, and fever.
- Drink plenty of water, and soothe burns with cool baths or by gently applying cool, wet cloths.

- Use a topical moisturizing cream or aloe to provide additional relief.
- Do not go back into the sun until the burn has healed.

If skin blisters, lightly bandage or cover the area with gauze to prevent infection. Do not break blisters (that would slow healing and increase the risk of infection). Apply antiseptic ointment if blisters break.

Seek medical attention if any of the following occur:

- Severe sunburn, especially if it covers more than 15 percent of the body
- Dehydration
- High fever (above 101°F)
- Extreme pain that lasts more than 48 hours

Part 4 | Modes of Travel and Types of Shelters

Chapter 36 | Types of Tourist Accommodations and How to Choose the Right One

There is no place like home, especially while you are traveling abroad, and everything seems different. Finding perfect accommodation might be a hassle, but choosing it right is important to make your stay abroad safe and comfortable. There are various types of accommodations available for you to choose from based on your personal preference and budget.

HOTEL

Hotels are regulated by rigid guidelines and are classified into various groups by the Ministry of Tourism, based on the establishment's comfort and quality.

- The quality of a hotel can range according to their number of stars from 1 to 5. It is good to consider the pricing, comfort, and amenities of a hotel before booking it. In case you plan to leave late and return early, it would be better to opt for a bigger room with a good view of the surroundings.
- While hotel rooms can be booked directly on their websites, it is also advisable to reach out to different

"Types of Tourist Accommodations and How to Choose the Right One," © 2020 Omnigraphics. Reviewed April 2020.

booking agencies and compare the prices as they provide more discounts.
- People traveling in large families can opt for family rooms provided by most hotels. Family rooms provide a range of suitable amenities and also connect adjoining rooms where children can stay. Such rooms are known as "suite rooms."

APARTMENT

Apartments are basically like living in a person's own flat. They are the right choice for people who require privacy, independence and looking to cook on their own. Most apartments these days offer a kitchen, cooking facilities, washing machines, sofa sets, and even Wi-Fi. The interiors and decor are furnished to feel homely. Renting flats and apartments are the most popular form of holiday accommodation nowadays.

HOSTEL

Hostels offer a perfect opportunity for socializing, meeting new people, as well as sharing experiences and knowledge. Hostels have friendly environments and offer collectively prepared meals and common spaces that are apt for backpackers and individual travelers. Hostels provide useful information on where to travel and what to avoid in the vicinity. Hostels can be selected based on the budget and on a room-sharing basis. Usually, deciding between a mixed or same-sex rooms with a specific number of (bunk) beds is the key choice to make. The variations are infinite, from a single bed to 16-beds, and from sharing bathrooms in the hall to sharing them within the house.

The following are the different types of hostels available for you to choose from. They are:

- Feel like at home hostels for travelers who need good vibes and cozy spaces
- Party hostels for the night owls who like to rave and enjoy parties
- Luxury hostels for providing travelers with the right amount of charm and privacy

CAMPSITE

Camping is also a perfect opportunity to get back to nature at inexpensive rates, although it is often found less convenient.

- Campsites rated from 1 to 4 stars would deliver a variety of services. They are also positioned strategically in suitable places, such as next to a shore, lake or woodland.
- Campsites usually let out tent pitches or caravan areas to holidaymakers. However, certain forms of housing, such as mobile homes or chalets, are also available. The latter could be the best choice for families, depending on their scale.
- Not every campsite provides on-site entertainment and other events. A location, power, and water are required at most establishments. These are ideally designed for mobile travelers who regularly shift destination. If you choose to live for a week or longer, it is better to choose a campsite that provides good food, water activities, or entertainment.

RESORT

Resorts are another accommodation option to stay and they offer all the facilities needed for a family holiday. They can either be located centrally in the local town or in more rural isolated locations. The latter is perfect for honeymoons to get away from the usual hustle-bustle of everyday life. Some resorts offer swimming pools, water aerobics, gyms, excursions, and other activities.

MOTEL

Motels (motor hotels) are lodges specially designed for motorists. The front doors of the rooms usually open onto the parking lot and the rooms are connected to each other. Motels are cheaper than hotels and are mostly privately owned, though motel chains do exist.

CAPSULE HOTEL

In 1979, the concept of a capsule hotel first took root in Japan, but now it is found in China and Singapore too. These are very

low-budget lodgings that feature modular plastic or stacked blocks of fiberglass over each other. Small capsules shape these blocks, which can hold just one individual at a time. The capsules provide very simple services, mainly for an overnight stay,

SKI CHALET

Chalets are a common type of lodging that can be found in the ski resorts. Because of the cozy interiors and structure of the properties, they are often referred to as home-from-home. The chalets usually have a dining space, bedrooms, and a kitchen. Sometimes, chalets come with certain highlights including a sauna or a steam bath, a hot tub, and even a tiny swimming pool. A major benefit of a chalet is that the host often caters the travelers with breakfast, afternoon tea and cake, and dinner in the evening. Travelers and skiers can usually reach the chalet and relax after spending the day on the slopes.

HOMESTAY

Homestay is an increasing type of accommodation where travelers share a home with a locale in the region to which they travel. Homestays provide many benefits, such as access to daily life in another place, cultural communication incentives, fellowship, intercultural skills, and foreign language practice.

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Chapter 37 | Modes of Travel

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Section 37.1 | Renting a Car

This section includes text excerpted from "Renting a Car," Federal Trade Commission (FTC), September 2012. Reviewed April 2020.

WHAT TO KNOW ABOUT RENTING A CAR

Keep these things in mind as you start your search for a rental car.

Size Matters

The size of the rental car can impact the price you pay. Terms such as "compact," "mid-size," and "luxury" can vary across rental car companies. To illustrate car sizes, companies usually provide car models or suggest how many passengers the car seats safely.

Shop and Compare

Search across several websites for the type of car you are interested in renting. To get an idea of the best price you can get, search for rates at individual rental car company websites and price comparison websites.

Money-Saving Deals or Specials

If your travel plans are flexible, you may be able to rent a car when price breaks are available. Try searching for specials geared to the length of time you need the vehicle. You may find better deals if you book in advance, or book in combination with a flight or hotel. Read any fine print about restrictions on special offers, including blackout dates when an advertised price may not be available. Some companies also offer special rates for seniors or members of particular organizations, like motor clubs.

Question Fees

Comparing advertised rates for rental cars may not give you an accurate picture of the price you will pay. Try to make an "apples to apples" comparison of car rental prices that includes all mandatory fees and charges, as well as charges for options.

Some fees may be quoted when you reserve a car online, though you may not find out about all of the charges until you go to the rental office to pick up your car. Read your contract carefully, and look for fees triggered by specific events—like accidents.

Your Driving Record Is Important

Many companies check driving records when customers arrive at the counter and reject those whose records do not meet company standards. Even if you have a confirmed reservation, you may be disqualified from renting a car for recent violations, including:

- Reckless driving
- Seat belt law violations
- Accidents, regardless of fault
- Leaving the scene of an accident
- Convictions for driving while intoxicated (DWI) or driving under the influence (DUI)
- Driving with an invalid, suspended, or revoked license

Ask the rental car company in advance whether they check customers' driving records.

COVERAGE OPTIONS

Rental companies usually offer drivers additional coverage options—for a price. If you buy their coverage, they say you can minimize your liability while driving their rental car. However, you may be covered already through your own auto or homeowner's policies. Read your insurance policies for specifics, and call your insurers if you are uncertain about the coverage. If you are traveling on business, you may be covered under your employer's insurance. Some credit card companies and motor clubs provide members with free rental protection when you use their cards to pay for rentals.

Salespeople also may try to sell you a collision damage waiver (CDW), or a loss damage waiver. These waivers guarantee that the rental company will pay for damages to your rental car. It is not technically collision insurance—the company will not pay for any

injuries to you or damages to your personal property. Coverage under your medical insurance plan might offer protection that CDW coverage lacks.

If you do not buy CDW coverage or are not covered by your personal auto insurance policy, you accept responsibility for any damages—and could be liable for the full value of the car. Some rental companies hold you liable only for a portion of the value.

If you purchase CDW, your coverage still could be revoked if you damage the rental car while:

- Driving in a negligent manner
- Driving on unpaved roads
- Driving out of state
- Driving while intoxicated
- An unauthorized driver operates the car

Rental car companies may offer other coverage options for additional charges. Prices and policies for coverage vary among companies. If you decide to pay for extra coverage, ask for details.

ASK ABOUT FEES

Ask about fees before you rent a car to avoid surprises when you pay your bill. Here are some common fees and charges you may encounter.

Taxes

The rental company will add on the required state, city, or county taxes—and their own sales tax rates—to the price of your rental car. You may see other fees, too, like a "vehicle licensing fee" or an "energy recovery fee."

Early or Late Return Fees

Being early is not always a good thing. Some rental companies may charge a fee if you return the car more than 24 hours before your reservation was supposed to end. If you must return the car early, call the company to talk to an agent.

Running a little late? Many rental car companies have short grace periods that allow you to return the car without a fee if you are late by less than 30 minutes. However, you still may have to pay a full day's charge for optional items, like navigation systems and liability coverage options. If you are running more than a half-hour late, call the company to see if it is cheaper to pay late charges or extend your rental.

Airport Surcharges

If you are renting a car at the airport, fees can increase the rental rate considerably. These surcharges can apply even when rental car companies shuttle you to their off-site lot.

Fuel Charges

Most companies require you to return your rental car with a full tank of gas. If you do not, you will be charged the rental company's price for gas, which is virtually always more expensive than if you refill the tank yourself at a local station. Companies might give you the option of prepurchasing a full tank of gas when you first take the car, so you can return the car without paying an additional fee to fuel up. There is usually no refund for unused fuel.

Mileage Fees

Most rental car companies now offer unlimited miles. But daily mileage caps may apply based on the type of vehicle you rent (for example, some SUVs or high-performance vehicles). It helps to know about how far you plan to drive so you can select the company that offers the most favorable mileage terms.

Roadside Assistance Fees

Ask whether roadside assistance is included in the price of your rental car, or if the company will charge you a fee for it. If the company charges for a roadside service plan, find out exactly what it will cover if you need help—for example, if you have a flat tire or lock your keys in the car. If you are a member of a motor club,

you may have free or low-cost roadside assistance through your membership.

Out-of-State Charges

Before you head out on a road trip, check whether your rental company allows you to drive out of the state or geographical area in which you rented the car. Ask about the charges to drive out of state.

Drop-Off Fees

Need to drop your car off at a location other than where you picked it up? You may have to pay a steep fee for that.

Equipment Rental Fees

If you would like to include extra items in your rental car—like a navigation system or a car seat—you will have to pay a fee. Reserve these items in advance; availability varies based on the location of the rental.

Additional-Driver Fees

Want to switch off driving duties? Some companies charge a fee to add another driver—even your spouse—to your contract.

Underage-Driver Fees

You do not have to be 25 to rent a car. Drivers between the ages of 21 and 24 are allowed to rent cars—for an additional fee.

DEBIT AND CREDIT CARD BLOCKING

Most rental companies place a hold—or a block—on your debit or credit card to protect themselves from possible charges beyond the authorized amount. They do not process the blocked amount unless you fail to return the car as specified in your contract. Your spending limit on your card may be reduced by the blocked amount until shortly after you return the car.

Section 37.2 | Cruise Ship Travel

This section contains text excerpted from the following sources: Text in this section begins with excerpts from "Cruise Ship Travel," Centers for Disease Control and Prevention (CDC), March 8, 2020; Text beginning with the heading "If You Choose to Travel" is excerpted from "Cruise Ship Passengers," March 8, 2020.

Do not risk spoiling your cruise vacation with an unexpected illness. Follow these tips for a safe and healthy cruise vacation.

For many people, a cruise is an ideal way to relax and see the world. You are surrounded by the gorgeous blue of the ocean, get waited on hand and foot, have activities and events planned for you, and are provided with a seemingly limitless supply of food and drinks—all while having the opportunity to visit multiple countries and destinations.

Although cruising has many obvious pleasures, potential health hazards are also a risk with cruise ship travel. Staying informed and preparing for these potential hazards can help you stay healthy and get the most out of your cruise vacation.

VACCINES

Regardless of your itinerary, you should be up-to-date on routine vaccines such as measles/mumps/rubella, varicella, and seasonal flu. Crew members and fellow travelers often come from countries where these diseases are more common than in the United States and where vaccination is not routine. Consequently, outbreaks of chickenpox and rubella (German measles) have been reported on cruise ships.

Additional vaccines you will need to depend on where you will be stopping and what you are going to do there. However, discuss the cruise itinerary and your specific travel plans with your doctor. If you are stopping in a country only for a short time, or if you do not plan to leave the tourist area around the dock, certain vaccines may not be necessary.

Even if you are not at risk for yellow fever during port calls, some countries in Africa and South America may require proof of yellow fever vaccination if you have previously visited a country with

yellow fever. Visit the destination pages for a country's yellow fever requirements. Cruise ship companies sometimes have requirements that differ from those of the countries you will be visiting, so be sure to check with the cruise line about those requirements as well.

VOMITING AND DIARRHEA

Cruise ship outbreaks of vomiting and diarrhea, primarily caused by norovirus, have been reported. The best way to prevent illness is frequent handwashing with soap and water. Wash your hands before eating and after using the bathroom, changing diapers, or touching things that other people have touched, such as stair railings; it is also a good idea to avoid touching your face.

While on shore excursions, especially in developing countries, follow basic food and water precautions: eat only food that is cooked and served hot, drink only beverages from sealed containers, avoid ice, and eat fresh produce only if you have washed it with clean water and peeled it yourself.

If you are feeling sick before your voyage, ask your cruise line if alternative cruising options are available. Consult your doctor to find out whether it is safe for you to sail. If you feel sick during your voyage, report your symptoms to the ship's medical facility and follow their recommendations.

OTHER HEALTH CONCERNS

Respiratory diseases are also common on cruise ships. Frequent handwashing can keep you from getting sick, and coughing or sneezing into a tissue (not your hand) can prevent you from spreading germs. Getting a flu shot is the best way to keep from getting the flu.

Seasickness is a common complaint of cruise ship passengers. If you are (or think you might be) prone to seasickness, talk to your doctor about medicine to decrease your symptoms. Note that many common medications (including some antidepressants, painkillers, and birth control pills) can worsen the nausea of seasickness.

Various stressors associated with cruising—changes in diet, variation in climate, changes to sleep and activity patterns—can worsen a chronic illness. If you have been diagnosed with such an illness, you should be prepared to monitor your health while on a cruise (for example, frequently testing your blood sugar if you have diabetes). If you regularly take medicine for a chronic illness, make sure you bring enough for the duration of the cruise, plus extra in case of delays, and take it on the same schedule as you would at home.

TRAVEL HEALTH INSURANCE AND EVACUATION INSURANCE

You should check with your regular health insurance company to see if your policy will cover any medical care you might need in another country or onboard the ship. If not, you can purchase travel health insurance to cover you during your trip.

Also, look for gaps in your insurance coverage. For example, your health insurance might not cover medical evacuation if you cannot receive needed treatment where you are. Evacuation by air ambulance can cost $50,000–$100,000 and must be paid in advance by people who do not have insurance. You can buy medical evacuation insurance to be sure you will have access to emergency care.

IF YOU CHOOSE TO TRAVEL

- Research your destination to learn about important health and safety precautions to take.
- Check the country information for the countries you will be visiting. Make a list of the contact information of the U.S. Embassy and Consulates there in case of an emergency.
- Always bring your passport in case of an emergency, such as an unexpected medical air evacuation or the ship docking at an alternate port in an emergency, even if your cruise says you will not need it.
- Apply early for your passport, or make sure your current one will be valid at least six months beyond your travel dates and has two or more blank pages. Your cruise

company may also require you to have a passport even if U.S. Customs and Border Protection (CBP) does not.
- Have the right foreign visas for all stops on your cruise, if required, even if you do not plan to disembark in those locations.
- Sign up for the Smart Traveler Enrollment Program to receive important safety and security information. Follow @TravelGov on Twitter and/or Facebook for travel and security information as well.
- Have medical, emergency evacuation, and other insurance to cover unexpected travel expenses when abroad. Check with your cruise line, travel agency, health/homeowner's insurance providers, credit card companies, and other sources to learn what they do and do not cover overseas. Consider buying supplemental insurance.
- Have a plan for returning home if you are removed from the ship and placed into quarantine.
- Make color copies of your passport photo page, foreign visas, and itinerary. Leave one copy with a trusted family member or friend and carry one separately from your actual documents.

CHECK WITH YOUR DOCTOR TO

- Find out if traveling abroad is medically safe for you and whether you need any vaccinations and/or assistive devices on your trip.
- Check with the foreign country's embassy in the United States to make sure all your medications (both prescription and over-the-counter) are legal in each country you visit and whether there are limits on the quantity or other special instructions for bringing them in. For some medications, you may need a letter from your doctor. Carrying it in the prescription bottle might not be enough "proof."
- Ensure you have enough of your prescription medications to last a week beyond your trip dates, in case of possible delays. Some countries may not have equivalents of your prescription and over-the-counter (OTC) medications.

- Carry a written copy of all your prescriptions with you in case a country requires it or you need to replace your medications.

DURING YOUR CRUISE

- Remain vigilant and exercise normal precautions aboard a cruise ship and on shore, as you would whenever traveling abroad.
- Limit your alcohol intake.
- Ensure cabin safety and make sure the door and balcony are properly locked at all times.
- Consider storing your travel documents and other valuables in a secure spot, such as a room or ship's safe.
- Talk to the security personnel on board if you are the victim of a crime. The cruise ship will have procedures in place for handling a crime onboard.
- When you come ashore, follow local laws and customs. If you break the law, you will be subject to the justice system of the host country.
- If you are the victim of a crime on shore, report it to local authorities, the nearest U.S. Embassy or Consulate, and to cruise ship security personnel.
- If you lose your passport, report it immediately to the nearest U.S. Embassy or Consulate and make arrangements to get a replacement passport, for a fee.

Section 37.3 | Chartered Flight for Travel

This section includes text excerpted from "Charter Flights," U.S. Department of Transportation (DOT), March 4, 2020.

When passengers travel on an airplane, they usually take a scheduled flight. Scheduled flights operate according to prepublished schedules for departures and arrivals from one destination to another. However, another option for travel is a charter flight, which is different from a scheduled flight.

A charter flight is a flight that is not part of an airline's published schedule. For example, an airline will not post on its website that the airline will operate a flight from Point A to Point B at 3 p.m. every Wednesday. Instead, charter flights are typically operated for specific unscheduled itineraries. There are many different types of charter flights, including:

- Public charters
- Special event tours
- Affinity (pro rata) charters
- Single entity charters

Traveling with a Disability on a Charter Flight

Airlines operating charter flights (direct air carriers) are required to comply with the Air Carrier Access Act (ACAA) and the Department of Transportation's (DOT) disability regulations. The ACAA is a law that makes it unlawful to discriminate against air travelers because they have a disability. The DOT is responsible for enforcing the ACAA and its implementing regulations, which applies to all flights to, from, or within the United States.

Companies that sell tickets on public charter flights but do not operate the flights are known as "public charter operators." Public charter operators must accommodate passengers with disabilities if they provide facilities or services that would have been provided by a direct air carrier.

For example, ABC airlines use their aircraft and crew to operate a flight for tropical vacations (the public charter operator). Tropical vacations sell seats on the flight to members of the public. In this

case, tropical vacations must comply with DOT's rule implementing the ACAA if tropical vacations provide check-in service, gate agents, wheelchair service, or other air transportation-related services at the airport as these are the services that typically would have been provided by the direct air carrier.

Baggage Liability on a Charter Flight

The DOT domestic baggage liability rules apply to all domestic charter flights, regardless of their type, that are operated on an aircraft designed to hold more than 60 seats.

The domestic baggage liability requirements for public charter flights are the same as the requirements that apply to scheduled flights.

Additionally, the Montreal Convention (a treaty that includes international baggage liability rules) applies to some international charter flights.

PUBLIC CHARTERS

Typically, a public charter exists when a person or company contracts for the operation of an aircraft to and from a destination and then advertises and sells seats to members of the public, either directly or through a travel agent. The company may be an airline or other entity, such as a tour or vacation package company. Some public charters operate only seasonally, and are often sold as part of a vacation package deal. Public charter flights may provide excellent value and they often operate nonstop between cities.

Frequently Asked Questions

HOW DO I FIND OUT WHO IS OPERATING MY PUBLIC CHARTER FLIGHT?

All sales materials, including advertisements and price quotes, must include the name of the airline that will operate the flight and provide crew members to staff the flight.

IS THE PUBLIC CHARTER THAT I AM TAKING APPROVED?

Check to make sure the public charter you are booking is approved. The Department of Transportation must approve a public charter

"prospectus" that lists the flights a public charter operator wants to sell before it can sell any seat on those flights. You can determine whether your public charter has an approved public charter prospectus by the DOT by visiting the Public Charter webpage. Once on the webpage, scroll to "List of Public Charters" and choose the year applicable to your travel.

DO I HAVE TO SIGN A CONTRACT WHEN I TAKE A PUBLIC CHARTER?

Yes. When you purchase a ticket for a public charter, you must also enter into an operator-participant agreement with a public charter company as a charter "participant." Your rights are outlined in the operator-participant contract, which must be signed by you before you travel. You have the right to receive this contract prior to making a booking, and you have the right to a full refund of any charges made to your credit card if you cancel your booking before signing the operator-participant contract.

Note: Most operator-participant contracts are now electronic and are provided to consumers during the booking process. In many cases, your agreement to the terms is incorporated into the booking process.

Tarmac Delays during Public Charter Flights

A tarmac delay occurs when an airplane on the ground is either awaiting takeoff or has just landed and passengers do not have the opportunity to get off the plane. The DOT's tarmac delay rule applies to public charter flights but does not apply to other types of charter flights.

- **Responsible party**. The company flying the airplane and providing staff to assist in operating the airplane (the direct air carrier) is responsible for complying with DOT's tarmac delay rules.
- **Applies at U.S. airports**. The DOT's tarmac delay rule does not apply to public charter flight operations at all airports. The Department of Transportation's tarmac delay rule applies only to public charter flights that experience a tarmac delay at a U.S. airport.

- **Size of aircraft matters.** The DOT's tarmac delay rule applies only to carriers with at least one aircraft in their fleet with a designed seating capacity of 30 or more seats who operate to, from, or within the United States.
- **Passenger rights during a tarmac delay.** The requirements for public charter flights are the same as the requirements applicable to scheduled flights.

Refunds due to a Cancellation or Major Change

- If you purchase a ticket on a public charter, the public charter company is required to notify you in writing if the charter will be canceled or undergo a major change. The company has seven days to notify you of the cancellation or major change if the scheduled departure date is at least 10 days away. A public charter company can only cancel a charter within 10 days of the flight if there are circumstances that make it physically impossible to perform the charter trip.
- Major changes include:
  - A change in departure or return city (not including a simple change in the order in which cities are visited)
  - A change in departure or return date, unless the date change results from a flight delay. (However, a flight delay of more than 48 hours is a major change.)
  - A substitution of a hotel that was not named as an alternate hotel in your contract
  - An increase in price, if the total of all increases billed to you is more than 10 percent of what you originally paid. (No increases are allowed during the last 10 days before departure.)
  - If the charter flight is canceled, you are entitled to receive a refund within 14 days of the cancellation. If the charter company announces a major change to the charter trip prior to departure, you may cancel your trip within seven days of the major change, or up until the scheduled departure of the trip, whichever is earlier, for a full refund.

- If the charter operator has not announced a major change to your trip, but you cancel your travel plans, your right to a refund may be limited. Additionally, you may not be entitled to a refund if your flight experiences a flight delay or a last-minute schedule change that changes the flight departure time by 48 hours or less. Furthermore, you may not be entitled to a refund if the charter company increases the cost of your trip by 10 percent or less ten or more days before departure.
- If you pay for your trip using a credit card, you may also have some protection through your credit card company if the charter operator failed to provide you with transportation or a refund.
- Under the Department of Transportation's public charter rule, passenger funds are protected. For example, passengers who do not receive refunds from the public charter operator may file a claim within 60 days of the termination of the charter. Details on where and how to file such a claim can be found in the operator-participant contract.

SPECIAL EVENT TOURS

A special event tour is a type of public charter that is organized for the purpose of attending a sporting, social, religious, educational, cultural, political, or other event of a special nature and limited duration, which exists for reasons separate from the air transportation itself—for example, a tour operator who sells admission to college and/or professional sporting events, the Olympics, concerts, or other events along with air transportation to the event.

Note: For these charters, the operator of the tour/event must make it clear that the charter flight includes admission to the event.

Advertising a Special Event Tour

Specific rules apply to situations where an organization offers tickets to a game or other special events that are purchased with the

cost of the flight to the event, whether it is a charter or a regularly scheduled flight.

Any operator marketing an air package that is promoted as including tickets to a game or special event must have the tickets in hand or have a written contract for the tickets at the time of each sale. The DOT cautions travelers that if a game or event ticket is not specifically mentioned in advertisements or other solicitation material or listed as a tour feature, the ticket is probably not included.

Price Increases for Special Event Tours

Special event tour operators can increase the price of a tour, but the amount of the increase and the timing of the increase matter, specifically:

- **Amount of the price increase.** If the tour operator increases a participant's total tour price by more than 10 percent, that participant has the option of canceling her or his participation in the tour and receiving a full refund within 14 days after the cancellation.
- **Timing of the price increase.** The tour operator cannot increase the tour price to any participant less than ten days before departure.

Receiving a Refund for a Special Event Tour

If a tour operator does not provide a consumer with admission to an advertised event at the advertised price agreed to before departure, the operator must provide the consumer with a refund of the total tour price. This refund must be provided within 14 calendar days after the scheduled return date of the charter flight. If a tour operator advertises a ticket combined with air transportation but does not provide the ticket with the advertised air transportation, consumers may file a complaint with the DOT's Aviation Consumer Protection Division.

AFFINITY CHARTERS

If your flight has been arranged by a club or other organization for its members, it may be what is called an "affinity" charter flight.

Affinity charters are charter flights where all passengers are members of a specific group or organization and pay for their own airfare individually. These charters generally do not carry the consumer protection provisions of public charters. It is important for you to understand the type of charter flight you are purchasing.

Membership Requirements

When an organization arranges an affinity charter for its members, the members of the organization:

- Cannot have joined the organization merely to travel on the affinity charter flight, and
- Must be members of the organization for a minimum of six months before the date of the charter flight, unless:

Note: The "six-month rule" does not apply to:

- Employees of a single commercial establishment, industrial plant, or government agency, or
- Students and employees of a single school.

Affinity Charter Pricing

The price for each ticket to fly on an affinity charter must be the same for all adult members taking the charter flight. Children under 12 years of age may be offered discounted or free transportation.

SINGLE ENTITY CHARTERS

A single entity charter exists when an individual or company contracts and pays for the operation of an entire airplane (as opposed to one or two seats, or a group of seats, on an airplane). Individual passengers on single entity charters do not pay their own airfare. The individual or company that contracted for the operation of the airplane must bear the entire cost of travel and cannot sell individual seats on the aircraft. For example, when a professional basketball team charters an entire aircraft to fly the basketball team and accompanying staff to games, the basketball players and accompanying staff do not pay for their individual seats on the aircraft.

Note: A single entity charter also exists when a group of individuals, who have self-aggregated, form a single entity for flights to be operated using small aircraft.

Section 37.4 | Inland Surface Transportation—Roadways and Railways

"Inland Surface Transportation—Roadways and Railways," © 2020 Omnigraphics. Reviewed April 2020.

The two major systems that compose the land transport are roadways and railways. The initial land roads took their origins from trails, which used to move from one hunting territory to another. Most of the trips in the metropolitan areas are made by personal vehicles, public transports, and rail commuters.

ROADWAYS

The country's communities and economy are supported by the vast network of highways and bridges. This National Highway System (NHS) comprises 223,257 miles of road and runs from coast to coast, through rural landscapes and great cities. The System of Interstate and Defense Highways is about 45,000 miles. The nine-tenths of all cities with at least 50,000 population are connected by this system.

Following are the common modes of road transportation in the country:

Taxi Services

Street taxis (yellow in color) are usually found in large cities, whereas in smaller cities, they can be found only near airports and big hotels. Rides are made available only when a taxi company is contacted via a phone call. The location where a person is and the time of pickup have to be mentioned to the dispatcher while booking a ride. It has to be specifically mentioned to dispatch an SUV or a van in case of traveling with more luggage.

The mobile application (app) services, such as Uber and Lyft provide much more convenient options. The company's app can be downloaded onto the mobile phone and can be registered using the mobile number and credit card details. Services ranging from basic cars to luxury cars are available on these apps.

Bus Services

Trailways, Greyhound, and Peter Pan are the major companies that run bus services between cities. Long-distance buses are air-conditioned and decored with comfortable seats and toilets to ease the journey.

RAILWAYS

Railways are another mode of transportation, usually considered a "green" option. Longer journeys by rail and shorter journeys by road are considered to be less expensive on average. The passenger railways of the United States is an essential element of the country's surface transportation system. National Railroad Passenger Corporation, also known as "Amtrak," is the main provider of intercity passenger rail service. The corporation serves more than 500 destinations across 46 states. Rural communities are connected to the nation by passenger rail service, helping reduce roadway congestion in metropolitan regions and supporting economic development.

Additionally, Amtrak infrastructure and services are essential to commuter rail companies, helping 840,000 passengers per weekday to access their destinations. The agency controls rail lines, particularly on the "Northeast Corridor" between Washington DC, and Boston.

There are also several regional trains that take passengers across and within a single metropolitan area. No reservations can be made, and there is only one class of travel. This particular service runs more typically during rush hours (mornings and evenings when people travel to and from home and office). Tickets for this service can be available at the stations itself. Commuter trains are usually funded by government and municipal councils and mostly run on trains operated by other railways.

References

1. "Public Transport in USA," Immihelp, September 11, 2001.
2. "Transportation," Britannica Encyclopedia, September 12, 2001.
3. DeGood, Kevin. "Understanding Amtrak and the Importance of Passenger Rail in the United States," Center for American Progress, June 4, 2015.

Chapter 38 | Hosting a Foreign Exchange Student

The student exchange program involves hosting a high-school or college student to stay in a person's home, along with their family and community. The program's duration ranges anywhere from a few weeks to one academic year.

WHAT IS FOREIGN EXCHANGE STUDENT PROGRAM?

The foreign exchange student program helps high-school and college students to travel abroad and live in a new country for a period of time. The exchange students live with the host, study at a local school or college, and integrate into the American student lifestyle. The duration for which a student stays at the host's house depends on the study program they participate in.

Extraordinary young students from countries all over the world receive a merit-based scholarship from the U.S. Department of State (DOS) to attend local high schools. The students are then allowed to participate in the Youth Exchange and Study (YES), Future Leaders Exchange (FLEX), and Congress-Bundestag Youth Exchange (CBYX) programs.

During the academic year 2017–18, the United States had hosted a count of 1.1 million students who came to study in the country through the student exchange program. More families are interested and willing to host students every year.

The students selected for the international exchange programs are expected to maintain a high level of academic performance,

"Hosting a Foreign Exchange Student," © 2020 Omnigraphics. Reviewed April 2020.

learn about American culture, history, society, and to participate in community service.

WHY HOST AN EXCHANGE STUDENT

Not only does hosting an exchange student helps them achieve their dream, but also helps:

- In enriching the host's family, local high school, and community
- To increase the mutual understanding between people of different cultures
- To bring peaceful relationships among the United States and other countries

BENEFITS OF HOSTING A STUDENT

Volunteering for the foreign exchange student program includes certain benefits, such as:

- Extra money can be earned by hosting an exchange student.
- Family's way of life can be shared with someone new.
- Lifelong memories can be made.
- Building a strong rapport with an international student can increase personal networking in a foreign country.

REQUIREMENTS TO HOST A FOREIGN EXCHANGE STUDENT

Hosting a student can be fun and interesting, but it comes with certain requirements and responsibilities. Almost any family can host a student, as they come in all different forms and backgrounds and there are no traditional models for hosting.

To provide a clean and safe environment for a foreign exchange student to adapt and thrive in their new surroundings is the most important thing while hosting.

A background criminal check is done for all the family members of the host to ensure that they meet general safety standards and that the students are safe during their stay.

A few essentials that are to be supplied while helping an exchange student during hosting are:

- A private bedroom with desk/study facilities
- Transportation to and from school
- Providing nutritious meals
- A laundry facility

THE HOSTING PROCESS

Get to Know Your Area Representative

The local area representative will be the go-to contact person for queries throughout the program. The host is prepared for the program by attending an orientation program prior to the exchange student's arrival. This meeting helps in familiarization of important guidelines, names, and phone numbers of people associated with the program.

Join an Online Host Family Community

International Student Exchange (ISE) host family community provides the best resources to help prepare for the world of cultural exchange. It can be useful to connect with like-minded people to clarify doubts, get advice, and gain from their experience in hosting an exchange student.

Establishing a Connection with Your Exchange Student

Host families and exchange students ought to stay in contact before the start of the program to get to know each other before living together. Topics such as day-to-day foods, family dynamics, and things of common interest could be discussed using social media platforms such as Skype, WhatsApp, and Facebook.

Get Involved in Regional Events

The area representative can be contacted to get information with regard to field days, holiday parties, BBQs, potlucks, etc., happening in the vicinity that the hosting family can attend. This enables them to meet other families and exchange students, and get acquainted with the local team.

Think about Your Family Dynamics

It is best to clearly communicate and explain about family dynamics and house rules to the exchange student in advance. Any school-night curfews or "no phone at the table" rules must be mentioned prior to avoid any difference of opinion in the future.

The following are a few points to be remembered by the host, even after months of initial orientation:

- The exchange student has to be treated as a family member and not as a guest.
- The student should be explained about how to use/handle things around the house.
- Household rules and expectations are to be established and communicated at the earliest.
- Important contacts and numbers of the area representative, ISE headquarters, and student's insurance are to be kept aware.

References

1. "Host a Student," Bureau of Educational and Cultural Affairs (ECA), April 7, 2017.
2. "Tips for The Host Family—Preparing for Your Exchange," Student's Arrival, February 5, 2018.
3. "Hosting a Foreign Exchange Student," Ameristudent, November 8, 2017.

Chapter 39 | Safety while Using Train and Other Public Transportation Abroad

Travelers are usually well-versed with security precautions they should take in and around their own homes. Many frequent travelers are also familiar with those appropriate at their destinations, or are at least familiar with the resources they can use to bolster their understanding of the situation. But even the most seasoned travelers are often less aware of what the security environment maybe while in transit. These secondary locations are not usually the focus of much attention during the travel-planning process and can present far different situations than your home base or your destination. The level of risk varies from country to country and time to time, so some of the suggested options below may not fit your needs exactly. However, keeping these options in mind while traveling will likely put you near the top of the pile when compared with your fellow travelers.

BEFORE YOU GO

If you plan to stay in one country any length of time while traveling, it is imperative to register through the Smart Traveler Enrollment Program (STEP). STEP is a free service to allow the U.S. citizens

This chapter includes text excerpted from "Security In Transit: Airplanes, Public Transport, and Overnights," Overseas Security Advisory Council (OSAC), U.S. Department of State (DOS), February 15, 2019.

and nationals traveling and living abroad to enroll their trip with the nearest U.S. Embassy or Consulate. Registration makes it easier to receive important information from the Embassy about safety conditions in your destination country, helping you make informed decisions about your travel plans. It helps the U.S. Embassy contact you in an emergency, whether natural disaster, civil unrest, or family emergency. And it also helps your family and friends get in touch with you in an emergency.

Make sure you leave a copy of your itinerary, including flights and hotel accommodations, with a contact back home, especially if you plan to venture off the beaten path. You may also consider putting an emergency contact's name on your reservations in the off chance they may need to contact the airline or hotel on your behalf.

It is often safer to take an ATM card with you on your travels than to carry large amounts of cash to exchange. Small amounts of cash (preferably new and unmarked, if you are traveling to the developing world) may be beneficial, but ATMs generally are the safest way to get foreign funds abroad and give the best rates as well. Ensure that you notify your bank of your dates and locations of travel so they can monitor any potential fraudulent activity on your ATM or credit cards, and notify your bank once you return and all transactions have been completed.

Consider creating a separate e-mail address to use while abroad. If not, definitely change your passwords once you return home, especially if you have been using public Wi-Fi (including at hotels and airports). Try not to log into personal financial tools while abroad.

ON THE TRAIN

If you have a private compartment, keep the door locked and identify anyone wishing to gain access. Know the names of your porters and ask them to identify themselves whenever entering your compartment.

If you become suspicious of anyone, or someone bothers you, notify the conductor or other train personnel.

In some lesser-developed countries (and on some trains) it may be advisable to carry your own food and water.

A car located one or two back from the middle of the train may be the safest in case of collision or derailment, according to the National Association of Railroad Passengers (NARP). In general, aisle seats are safer than window seats, where a passenger is more likely to come in contact with broken glass or be thrown from the train. Safety experts also recommend choosing a rear-facing seat, as rear-facing riders are less likely to be thrown forward during a collision. If the train has a dining car, avoid spending too much time there, as rigid tables can become dangerous if the train suddenly breaks or hits something. Remember to take your belongings with you if you use the dining car or restroom.

Do not discard your train ticket until you complete your trip and have left the arrival area. In some countries, you will be required to show your ticket at the exit of the arrival station. If you do not have it, you may be required to purchase another one.

ABOARD PUBLIC TRANSPORTATION

Stay on your guard against pickpockets and petty thieves while in a bus/train terminal or at a taxi stop. Avoid carrying a wallet in your back pocket or an easily accessible coat pocket. Carry a purse/handbag that you may firmly grip or secure to your body. Consider using a backpack with hidden zippers or openings that can only be used when removing the bag. Beware of people jostling you at busy stations.

Take only licensed taxis or ride-share services familiar to you. Generally those found in front of terminals and the better hotels are the safest. You may pay a bit more, but the companies are more likely to be reputable and normally the drivers have been screened. Be sure the photo on displayed license is of the driver. Have the address of your destination written out in local language and carry it with you. Get a map and learn the route to your destination; note if taxi driver takes you a different or longer way. Ensure the taximeter is running or agree to an acceptable fare prior to leaving your destination.

Try not to travel alone in a taxi, never allow a driver to pick up additional passengers en route, and never get out in deserted areas. If the door does not lock, sit near the middle of the seat so you will

thwart thieves who might open the door or smash a window to grab a purse, briefcase, or wallet.

On subways, choose a middle car but never an empty car. On buses, sit in an aisle seat near the driver. Stand back from the curb while waiting for a bus.

Try to patronize only busy, well-lighted stations.

Be aware of restrictions particular to your destination. Some metro systems abroad are known for their safe operations and efficient service; others have safety or security issues (such as poor policing, poor maintenance, or threat of natural disaster) so pressing that official U.S. government travelers are restricted from using them. This information will usually be indicated on the Overseas Security Advisory Council's (OSAC) Crime and Safety Report for your destination.

Chapter 40 | Bus Safety Tips

GET FAMILIAR WITH SAFETY EQUIPMENT

Locate the emergency exits including the window and rooftop hatch exits.

A fire extinguisher is usually stored in the front of the bus. It may be behind the driver's seat, underneath a passenger seat on the right side, or in an overhead compartment. If you cannot locate the fire extinguisher, ask the driver where it is kept.

An emergency button or switch in the bathroom lets you contact the driver if you need help. Use hand supports in the restroom when the vehicle is moving.

IN AN EMERGENCY

Listen to and follow the bus driver's instructions. If you are able, help passengers with disabilities or others who need assistance to exit. If you believe your safety or the safety of others is in immediate danger, call 911.

STAY SAFE ON BOARD

- When entering and exiting the vehicle, use the handrails and watch your step. Ask the driver to assist you if needed.
- If a step stool or platform has been placed outside the bus, step on the center of the stool or platform to keep your balance.

This chapter includes text excerpted from "Learn before You Board: Bus Safety Tops for Passengers on the Road," Federal Motor Carrier Safety Administration (FMCSA), U.S. Department of Transportation (DOT), July 12, 2018.

Figure 40.1. Emergency Exits—Pulling the Lock

Figure 40.2. Emergency Exits—Pushing the Lock

- If your bus has passenger seat belts, keep yours fastened while the bus is operating.
- Stay seated while the bus is in motion, and keep your hands and feet out of the aisles.
- Keep personal belongings in the overhead bin or securely under your seat so they do not slide into or block the aisles.
- If you need to stand up or walk while the bus is moving, use the seatbacks or overhead supports to help keep your balance. Do not move past the clearly marked line at the front of the bus while it is moving.

USING EMERGENCY EXITS

Look for the emergency exits—in addition to the boarding door, there should be several window exits, and a rooftop exit or hatch. If you are seated beside a window emergency exit and do not think you can operate it, move to another seat.

Windows are marked as emergency exits, with instructions to release the pull (Figure 40.1.) or push (Figure 40.2.) lock. They

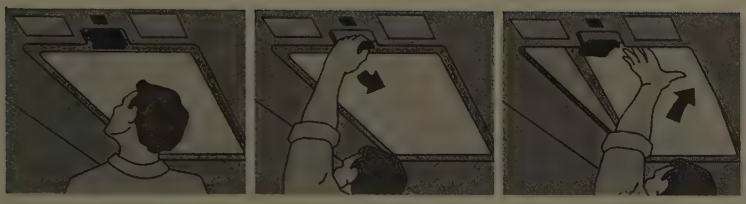

Figure 40.3. Emergency Exits—Opening the Roof Hatch

push out to open. Follow the marked instructions to open the roof hatch (Figure 40.3.).

Chapter 41 | Traveling by Air with Service/ Emotional Support Animals

Under the Air Carrier Access Act (ACAA) a service animal is any animal that is individually trained or able to provide assistance to a person with a disability, or any animal that assists people with disabilities by providing emotional support. Documentation may be required of passengers needing to travel with emotional support or psychiatric service animal.

THINGS TO KNOW

Which Service Animals Are Allowed in the Cabin?

- A wide variety of service animals are permitted in the cabin portion of the aircraft flying to and within the United States; however, most service animals tend to be dogs and cats. Airlines may exclude animals that:
  - Are too large or heavy to be accommodated in the cabin
  - Pose a direct threat to the health or safety of others
  - Cause a significant disruption of cabin service
  - Are prohibited from entering a foreign country

This chapter includes text excerpted from "Service Animals (Including Emotional Support Animals)," U.S. Department of Transportation (DOT), March 20, 2018.

Note: Airlines are never required to accept snakes, reptiles, ferrets, rodents, sugar gliders, and spiders.

How Do Airlines Determine Whether an Animal Is a Service Animal?

- Airlines can determine whether an animal is a service animal or pet by:
  - The credible verbal assurances of an individual with a disability using the animal
  - Looking for physical indicators, such as the presence of a harness or tags
  - Requiring documentation for psychiatric support animals or emotional support animals
  - Observing the behavior of animals
- Emotional Support or Psychiatric Service Animals- Airlines can request specific documentation and/or 48-hours advanced notice for service animals that are emotional support animals or psychiatric service animals.

What Kind of Documentation Can Be Required of Persons Traveling with Emotional Support Animals and Psychiatric Service Animals?

- Airlines may require documentation that is not older than one year from the date of your scheduled initial flight that states:
  - You have a mental or emotional disability that is recognized in the Diagnostic and Statistical Manual of Mental Disorders (DSM)
  - You need your emotional support or psychiatric service animal as an accommodation for air travel and/or for activity at your destination
  - The individual providing the assessment is a licensed mental health professional and the passenger is under her or his professional care. The licensed healthcare professional's:
  - Date and type of professional license
  - Jurisdiction or state in which their license was issued

TIPS FOR TRAVELING WITH A SERVICE ANIMAL

At the Airport

- If your animal needs to relieve itself, please ask an airport or airline professional for the location of the nearest service animal relief areas.

Onboard the Aircraft

- Your animal must be permitted to accompany you in the space under the seat in front of you.
- Certain small animals may be permitted to sit on your lap if it can be done so safely.
- Your animal cannot block a space that must remain unobstructed for safety reasons (e.g., an aisle or access to an emergency exit).
- An airline is not required to upgrade you to a different class of service to accommodate your animal.
- Airlines cannot refuse to allow your animal on board because it makes other passengers or flight crew uncomfortable.
- Your animal must behave properly. An animal that engages in disruptive behavior (e.g., barking or snarling, running around, and/or jumping onto other passengers, etc., without being provoked) will not be accepted as a service animal.
- For a flight that is scheduled for eight hours or longer, airlines may require documentation stating that your animal will not need to relieve itself, or can do so in a sanitary way.

Traveling Outside of the United States

Here are a few things to keep in mind if you are planning to fly outside of the United States with your service animal.

- Foreign airlines operating to and from the United States are only required to accept dogs.
- The U.S. airlines traveling to foreign countries are subject to the requirements of that foreign country

regarding the acceptance of service animals; not all countries permit service animals from other foreign countries.
- Check to ensure whether your destination country permits your animal and any other requirements to enter and exit legally.

Encounter a Problem

- If you believe your rights under the Air Carrier Access Act are being or have been violated, ask to speak with a Complaints Resolution Official (CRO). A CRO is the airline's expert on disability accommodation issues. Airlines are required to make one available to you, at no cost, in person at the airport, or by telephone during the times they are operating.

Chapter 42 | The Hazards of Hoteling

Whether you travel a lot or just a little, you have probably gone online to book a hotel stay. Sometimes you might find a travel comparison site gets you the best deal. Other times, you might book directly at a hotel's website—maybe to earn points for the company's reward program, or because you have some special requests for your stay.

For those times you are looking to book directly with a hotel, make sure that is what you are doing. The Federal Trade Commission (FTC) has heard from people who searched online and thought they were booking on a hotel website, only to find they were unknowingly doing business with someone else.

The confusion resulted in problems like:

- Arriving and finding no reservation
- Having trouble canceling or modifying a reservation, or disputing charges through the hotel
- Finding reserved rooms did not reflect special requests like disability access
- Being charged undisclosed fees
- Paying a higher rate than what is advertised by the hotel
- Getting credit card charges from the third party, not the hotel
- Not earning points with their hotel reward program

This chapter contains text excerpted from the following sources: Text in this chapter begins with excerpts from "Did You Book That Night at the Hotel's Site?" Federal Trade Commission (FTC), July 14, 2015. Reviewed April 2020; Text beginning with the heading "The Late Night Call from the Front Desk" is excerpted from "The Hazards of Hoteling," Federal Trade Commission (FTC), July 1, 2014. Reviewed April 2020.

It can be hard to tell that you are not on the hotel's site. You might see a hotel's name in the uniform resource locator (URL), or call the number shown next to the hotel's address and not realize it is the reservation company—not the hotel—you are talking to.

Your best bet to avoid surprises—look closely at your search results. If you know you want to deal directly with a hotel, take the time to look for signs you might be on a third-party site, like another company's logo. It is also a good idea to find the hotel phone number yourself, rather than rely on what is listed on the site.

THE LATE NIGHT CALL FROM THE FRONT DESK

You think you are getting a late-night call from the front desk telling you there is a problem with your credit card, and they need to verify the number, so you read it to them over the phone. But it is really a scammer on the line. If a hotel really had an issue with your card, they would ask you to come to the front desk.

THE PIZZA DELIVERY DEAL

In another scam, you find a pizza delivery flyer slipped under your hotel door. You call to order, and they take your credit card number over the phone. But the flyer is a fake, and a scammer now has your info. Before you order, make sure you check out the business, or get recommendations from the front desk.

THE FAKE WI-FI NETWORK

You search for Wi-Fi networks and find one with the hotel's name. But it turns out it is only a sound-alike and has nothing to do with the hotel. By using it, you could give a scammer access to your information. Check with the hotel to make sure you are using the authorized network before you connect.

Part 5 | Pretravel Preparations

Chapter 43 | Tips to Know before You Travel

FIRST, KNOW YOUR HEALTH STATUS

Work with your doctor to evaluate your health, or the health of those traveling with you, by using the guide below. In general, you should not travel by airplane if you:

- Have recently had any type of surgery, especially stomach, brain, eye, or orthopedic (bone or joint) surgery. Check with your doctor to see when it is safe for you to travel.
- Have had a recent heart attack or stroke
- Are suffering from:
  - Chest pain, pneumothorax, or severe chronic respiratory disease
  - Severe sinus, ear, or nose infection
  - Any disease that you can easily spread to other people
  - A fever of 100.4°F (38°C) or greater
  - Swelling of the brain caused by bleeding, injury, or infection
  - Sickle cell disease
  - Uncontrolled psychotic illness

This chapter includes text excerpted from "Before You Travel Tips," Centers for Disease Control and Prevention (CDC), September 23 2019.

Special Considerations

- If you are traveling with a disability, a weakened immune system, or a chronic illness, make sure you talk to your doctor and take extra steps to ensure a safe and healthy trip.
- If you are pregnant, be sure to talk with your doctor before making any travel decisions. Pregnant women over 36 weeks may not be able to travel by airplane.
- Talk to your doctor if you have blood clots, including deep vein thrombosis (DVT) or pulmonary embolism (PE). Airplane travel, especially flights longer than four hours, may increase the risk for DVT or PE.
    - You are at increased risk for blood clots, DVT, or PE if you:
    - Have had DVT or PE in the past
    - Have a family history of blood clots
    - Have had recent surgery (especially abdominal or orthopedic)
    - Are pregnant, are postpartum, or are taking birth control pills or hormone replacement therapy
    - Are a smoker
    - Are overweight (BMI ≥30 kg/m2)
    - Have cancer, restricted movement, or a blood-clotting problem

CHECK YOUR DESTINATION AND SEE A DOCTOR BEFORE YOU GO

Check your destination for concerns to be aware of before you leave. Depending on where you are going and what you will be doing, you may need vaccinations, medicines, and destination-specific advice before your trip.

See your doctor at least a month before you go. The Centers for Disease Control and Prevention (CDC) websites provide recommendations, but the CDC cannot give you specific medical advice. Recommendations for vaccines and medicines depend on many factors that are specific to each person. You should let your doctor know that you are planning a trip at least 4 weeks before departure to be sure you can get the vaccines and medications you need.

- Be sure to give your doctor the following information about your trip so they can assess your risks:
  - Where you are traveling to
  - When you are leaving
  - The length of your trip
  - What types of activities you might do
  - Other personal matters such as your age, allergies, medical and vaccine history, and prior travel experience
- Follow the advice of your doctor by getting the vaccines and medicines that are recommended for you.
  - Make sure that you are up-to-date with all of your routine vaccinations, including measles-mumps-rubella (MMR) and a seasonal flu vaccine.
  - Consider any recommended travel vaccines for your destination.

PLAN AHEAD FOR INJURIES—CONSIDER INSURANCE

Know the different types of insurance. Travelers are responsible for hospital and other medical expenses incurred during their trip. Be prepared to pay out of pocket at the time you receive any medical services while abroad or if you cancel plans while traveling, even if you do have insurance.

- **Trip cancellation insurance.** Trip cancellation insurance covers your financial investment in your trip such as flights, cruises, and/or train tickets.
  - Carefully examine the policy to make sure it covers your needs, including cancellation if you or a close family member gets sick.
- **Travel health insurance.** If you need to go to a hospital or clinic overseas, you may need to pay out of pocket for any services, which could be very expensive.
  - Check your health insurance plan to see if it covers potential health needs abroad.
  - If your insurance does not cover you while you are traveling, consider purchasing additional insurance.

  - If you plan to participate in adventure activities such as scuba diving or hang gliding, you may need additional extreme sports insurance.
- **Medical evacuation insurance.** If you are traveling to a remote destination or to a place with limited medical capabilities or accessibility, consider buying medical evacuation insurance. This kind of insurance will cover the cost of transporting you to other parts of a country or outside the country if you are seriously ill or injured.
  - It can be purchased separately or as part of your travel health insurance policy.
  - It will pay for emergency transportation from a remote area to a hospital.
  - Ensure that the policy provides a 24-hour physician support center for you to contact in an emergency.

Some areas are prone to certain natural disasters such as earthquakes, hurricanes, or tsunamis. To find out if your destination is at risk for certain natural disasters, see the Country-specific Information Pages (U.S. Department of State) in the "Special Circumstances" section.

LEARN ABOUT COMMON TRAVEL SAFETY CONCERNS

- Enroll in the Smart Traveler Enrollment Program (STEP). The U.S. Department of State provides this free service to U.S. citizens who are traveling or living in another country. You can record information about your trip so that an American consular officer can reach you and help in an emergency.
- The Association for Safe International Road Travel (ASIRT) provides helpful information about road safety in other countries.
- Learn about local laws and the culture of your destination.

PACK SMART

- Pack a travel health kit.

- Pack enough medicines for your whole trip plus a little extra, just in case.
- Check with the U.S. foreign embassy of the country you will be visiting to make sure your prescription medicines are permitted at your destination.

KNOW AND SHARE YOUR TRIP INFORMATION

- Make sure you and a friend or family member have copies of all of your travel documents, including your passport, health insurance documents, itinerary, and prescriptions.
- Register with the Smart Traveler Enrollment Program (travel.state.gov/content/travel/en/international-travel/before-you-go/step.html).
- Write down the contact information of people or services you may need to contact while abroad.
- Make arrangements to check in with someone at regular intervals during your trip.
- If there is an emergency at home, or if a family member is worried about a traveler's welfare, they can ask the embassy or consulate for help.
- If you think you may need assistance, contact the local U.S. Embassy or Consulate. They are available 24/7 with emergency assistance for U.S. citizens.
  - Dial 888-407-4747 if calling from the United States or Canada
  - Dial 1-202-501-4444 if calling from overseas
  - Find your local U.S. Embassy, Consulate, or diplomatic mission

Chapter 44 | Travel Insurance

Severe illness or injury abroad may result in a financial burden to travelers. Travelers can substantially reduce their out-of-pocket costs for medical care received abroad by purchasing in advance specialized insurance policies for their trip, regardless of whether or not they have a domestic health insurance plan. The three types of policies are:

- Travel insurance
- Travel health insurance
- Medical evacuation insurance

Each of the policies provides different types of coverage in the event of an illness or injury and may be of particular importance to travelers with preexisting medical conditions.

Basic accident or travel health insurance may be necessary for travelers with certain itineraries. For example, although cruise lines employ healthcare staff, the cost for medical treatment delivered on board a ship may not be included in the price of a passenger's ticket; travelers on cruise ships may wish to consider investing in specialized insurance policies.

DOMESTIC HEALTH INSURANCE AND OVERSEAS TRAVEL

Some health insurance carriers in the United States cover medical emergencies that occur when policyholders travel internationally. The Centers for Disease Control and Prevention (CDC) encourages

This chapter includes text excerpted from "Travel Insurance, Travel Health Insurance and Medical Evacuation Insurance," Centers for Disease Control and Prevention (CDC), June 24, 2019.

travelers to contact their insurer before traveling to learn what medical services if any, their policies cover.

Contacting the insurers include a discussion of insurance options as part of the pretravel consultation. The CDC suggests that all travelers consider purchasing supplemental medical insurance coverage, particularly those going to remote destinations or places lacking high-quality medical facilities. The CDC strongly encourages supplemental medical insurance coverage for any travelers planning extended international travel, those with underlying health conditions, and anyone who anticipates participating in high-risk activities overseas. In addition to covering costs of treatment or medical evacuation, travel health insurers can assist the international traveler by organizing and coordinating care and by keeping relatives informed in the event of a medical emergency. This is especially important when the traveler is severely ill or injured and requires medical evacuation.

Even with a supplemental travel health insurance policy in force, receiving medical care abroad usually requires cash or credit card payment at the point of service. This can result in sizable expenditures of thousands of dollars. The U.S. citizens paying for healthcare received overseas are advised to obtain copies of all charges and receipts and, if necessary, to contact a U.S. consular officer, who can assist them with transferring funds from the United States. The existence of nationalized healthcare services at a given destination does not ensure that the healthcare costs of nonresidents are covered.

TRAVEL INSURANCE COVERAGE

Travel insurance protects the financial investment in a trip, including lost baggage and trip cancellation. A traveler who becomes ill in advance of departure may be more likely to avoid or postpone travel if they know their financial investment in the trip is protected. Depending on the policy, travel insurance may or may not cover medical expenses abroad, so travelers need to research carefully the coverage offered to determine their need for additional travel health and medical evacuation insurance.

SUPPLEMENTAL TRAVEL HEALTH AND MEDICAL EVACUATION INSURANCE

Travel health insurance and medical evacuation insurance are two types of short-term supplemental policies that cover healthcare costs incurred while abroad. Each is relatively inexpensive. Many commercial companies offer travel health insurance; travelers can purchase such policies separately or in conjunction with medical evacuation insurance. Frequent travelers can consider purchasing annual policies or even policies that provide coverage for repatriation to one's home country. Some recommended features to consider when purchasing supplemental travel health and medical evacuation insurance include the following:

- Arrangements made with hospitals to guarantee direct payment
- Assistance via a 24-hour physician-backed support center (critical for medical evacuation insurance)
- Emergency medical transport to facilities equivalent to those in the home country or to the home country itself (repatriation)
- Specific medical services, such as coverage of high-risk activities

Although travel health insurance covers some international healthcare costs, the quality of care may be inadequate, and medical evacuation (sometimes referred to as "medevac") from a resource-poor area to a hospital delivering definitive care may be necessary. The cost of a medevac can exceed $100,000. In such cases, medevac insurance covers the cost of transportation, including transportation to another country if necessary. Some medical evacuation companies have more extensive experience working in some parts of the world than others do; travelers may want to ask about a company's resources in a given region, especially if planning trips to hard-to-reach locations in that region. Even if travelers select their insurance provider carefully, unexpected delays in care may still arise, especially in remote destinations. In special circumstances, therefore, if the health risks are too high, it may be advisable for a traveler to postpone or cancel their international trip.

FINDING AN INSURANCE PROVIDER

The following organizations (not an all-inclusive list) provide information about purchasing travel health and medical evacuation insurance:

- The U.S. Department of State (www.travel.state.gov)
- International Association for Medical Assistance to Travelers (www.iamat.org)
- U.S. Travel Insurance Association (www.ustia.org)
- American Association of Retired Persons (www.aarp.org)

SPECIAL CONSIDERATIONS FOR TRAVELERS WITH UNDERLYING MEDICAL CONDITIONS

Travelers with underlying medical conditions should discuss any concerns with the insurer before departure. In a study of international travelers with travel health insurance claims, insurance companies fully paid only two-thirds of claims. Preexisting illness and poor documentation were the main reasons for coverage refusal.

Beyond purchasing supplemental travel health insurance coverage, the CDC encourages travelers with medical conditions to take additional steps before departure. To facilitate ease of access to health records when overseas, travelers should store copies of those records with a medical assistance company. The CDC instructs travelers to obtain letters from their healthcare providers listing all medical conditions and current medications (including their generic names,) written in the local language, if possible. Transported medications should be in their original bottles and packed in carry-on luggage; to facilitate ease of entry through customs, travelers are advised to check beforehand with the destination country's embassy to ensure that none of the medications they are bringing with them is considered illegal there. Anyone with a known heart condition should carry a copy (paper or electronic) of her or his most recent electrocardiogram.

SPECIAL CONSIDERATIONS FOR MEDICARE BENEFICIARIES

Except in limited circumstances, the Social Security Medicare program does not provide coverage for medical costs incurred

outside the United States. Medigap (Medicare supplement insurance) plans C, D, F, G, M, and N cover some emergency care outside the United States. After meeting the yearly $250 deductible, this benefit pays 80 percent of the cost of emergency care during the first 60 days of international travel. There is a lifetime maximum benefit of $50,000. International travelers can find more information on Medicare and Medigap options at (www.medicare.gov/Pubs/pdf/11037-Medicare-Coverage-Outside-United-Stat.pdf). Medicare beneficiaries are no different from other travelers; they need to examine their coverage carefully and supplement it with additional travel health insurance, as required.

CHECKLIST FOR DISCUSSING INSURANCE WITH TRAVELERS

Travel health providers can use the following points to guide the supplemental insurance discussion during the pretravel consultation:

- Determine travelers' health profile, including underlying medical conditions.
- Identify potential medical needs abroad, including health risks based on itinerary/destination, duration of travel, method of transportation (plane, ship, ground), lodgings/accommodations, and planned activities.
- Instruct travelers to review domestic health policies to identify gaps in coverage for identified potential medical needs.
- Discuss the differences between the three types of supplemental insurance (travel, travel health, and medical evacuation), and explain how to choose supplemental policies that cover potential medical needs abroad.
- Remind travelers of the steps to take should they require medical care abroad.

Traveler responsibilities regarding supplemental health insurance before and during travel include the following:

Before Travel

- Carefully review domestic health insurance policies to determine what medical services are and are not covered overseas.
- Purchase supplemental travel health insurance coverage based on potential medical needs and health risks.
- Identify medical service providers at the destination.
- Check with insurance company/companies to confirm international healthcare providers accept the policy as payment for medical services rendered.

During Travel

- Carry insurance policy identity cards (including supplemental travel health insurance) and insurance claim forms.
- Have contact information of medical providers at destination(s).
- Keep copies of all charges and receipts for medical care received.

Chapter 45 | Vaccines to Consider before Traveling

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Section 45.1 | Travel Vaccines

This section includes text excerpted from "Need Travel Vaccines? Plan Ahead," Centers for Disease Control and Prevention (CDC), October 11, 2018.

Visiting another country can put you at risk for diseases that may not normally be found in the United States. Getting vaccinated against certain diseases is one of the most effective things you can do to protect your health abroad. Plan to get the travel vaccines you need at least a month before your trip. Most vaccines need to be given ahead of time to give you full protection against disease. If you need a yellow fever vaccine, plan to travel some distance away from where you live to get it. Only a limited number of clinics have the vaccine.

VACCINES NEEDED BEFORE TRAVEL

- **You should be up-to-date on your routine vaccines.** Depending on where you travel, you may come into contact with diseases that are rare in the United States. For example, although measles is rare in the United States, it is more common in other countries. Measles outbreaks happen frequently in many popular destinations in Europe and beyond—do not go unprotected!
- **You may need other vaccines before you travel depending on your destination, your medical history, your planned activities, and other health concerns.** Discuss your itinerary with your healthcare provider to make sure you get any destination-specific vaccines and medicines, such as yellow fever vaccine or medicine to prevent malaria.

DIFFERENCE BETWEEN ROUTINE, REQUIRED, AND RECOMMENDED VACCINES

The Centers for Disease Control and Prevention (CDC) divides vaccines for travel into three categories: (1) routine, (2) required, and (3) recommended.

- **Routine vaccines** are those that are recommended for everyone in the United States based on their age, health condition, or other risk factors. You may think of these as the childhood vaccines that you get before starting school, but some are routinely recommended for adults, and some are recommended every year (such as the flu vaccine) or every ten years (such as the tetanus booster for adults).
- A **required vaccine** is one that travelers must have in order to enter a country, based on that country's government regulations. In most circumstances, yellow fever is the only vaccine required by certain countries. Keep in mind that the yellow fever vaccine can be recommended by the CDC to protect your health, as well as required by a country. The CDC's recommendation is different from the country's requirement. A vaccine recommendation is designed to keep you from getting yellow fever; a vaccine requirement is the country's attempt to keep travelers from bringing the yellow fever virus into the country. Vaccine requirements can change at any time because a country's government control those decisions.
- **Recommended vaccines** are those that the CDC recommends travelers get to protect their health, even though they are not required for entry by the government of the country you are visiting. Recommended vaccines are not part of the routine vaccination schedule. They protect travelers from illnesses that are usually travel-related. For example, a typhoid vaccine can prevent typhoid—a serious disease spread by contaminated food and water—which is not usually found in the United States. The vaccines recommended for a traveler depend on several things, including age, health, and itinerary.

WHERE TO GET THE VACCINES FOR TRAVEL

There are many providers for pretravel healthcare. If you are traveling to a country with health risks similar to those in the United States, you may be able to see your family doctor or nurse for needed vaccines. Your city or county health department may also provide travel vaccines.

However, many travelers will need to see a travel medicine specialist. This might be the case if you are visiting several countries or countries with many health risks, or if you have a preexisting health condition.

If a yellow fever vaccine is recommended for or required by your destination, you will need to go to a vaccine center authorized to give yellow fever vaccinations. Many yellow fever vaccine centers also provide other pretravel healthcare services.

HOW FAR AHEAD SHOULD YOU GET ANY NEEDED TRAVEL VACCINES

You should make an appointment with a travel medicine specialist or your healthcare provider ideally at least a month before your trip to get needed vaccines and medicines. Even if you are a last-minute traveler, there may be options for getting the vaccines and medicines you need.

If you need a yellow fever vaccine, keep in mind that it is currently available only at a limited number of clinics in the United States. The nearest yellow fever vaccination clinic may be some distance away from where you live, and appointments may be limited. Find the nearest clinic and contact it ahead of time to make sure it has the vaccine.

HOW LONG DOES IMMUNITY FROM TRAVEL VACCINES LAST?

How long travel vaccines last depends on the vaccine. If you are traveling outside the United States, you should see a healthcare provider who is familiar with travel medicine to talk about your upcoming trip. She or he will be able to provide you with advice for any vaccines and vaccine boosters based upon where you are

going and when you got your previous vaccinations. Be sure to bring your vaccine records to your appointment.

GETTING TRAVEL VACCINES OUTSIDE THE UNITED STATES TO SAVE ON COSTS

The CDC does not recommend getting travel vaccines in another country because:

- Most vaccines need to be administered ahead of time to give you full protection against disease.
- Vaccines available in other countries may be different from the ones used in the United States and maybe less effective.
- If you are concerned about the cost of travel vaccines and medicines, check to see if your city or county health department has a travel medicine clinic. It may cost less to visit a doctor there than to go to a private doctor.

Section 45.2 | Routine Vaccines

This section includes text excerpted from "Routine Vaccines," Centers for Disease Control and Prevention (CDC), November 26, 2019.

WHAT ARE ROUTINE VACCINES?

Routine vaccines are recommended for everyone in the United States, depending on age and vaccine history. Most people think of these as childhood vaccines that you get before starting school, but the Centers for Disease Control and Prevention (CDC) also recommends routine vaccines for adults (for example, flu vaccine and tetanus booster shots).

WHY ARE ROUTINE VACCINES IMPORTANT FOR TRAVELERS?

Because of good vaccine coverage for children in the United States, some of the diseases prevented by routine vaccines rarely occur

here. However, these diseases can be much more common in other countries, even in areas where you would not normally worry about travel-related illnesses. For example, although measles is rare in the United States, it is more common in other countries. Measles outbreak happens frequently in many popular tourist destinations in Europe and beyond—do not go unprotected!

Being up-to-date on your routine vaccines will give you the best protection against these illnesses.

WHAT ROUTINE VACCINES DO YOU NEED?

What vaccines you need depends on your age, health, and what vaccines you have already had. For most adults who received all their recommended vaccines as children, only a yearly flu vaccine and a tetanus booster every ten years are needed. However, you should talk to your doctor about what is best for you. If you did not receive all your vaccines as a child—or if you cannot remember—your doctor may recommend giving them again, just to be safe. For older adults, vaccination against pneumococcal disease or shingles might be advised.

Section 45.3 | Yellow Fever Vaccine

This section includes text excerpted from "Need Yellow Fever Vaccine? Plan Ahead," Centers for Disease Control and Prevention (CDC), March 27, 2018.

Planning a trip to South America or Africa? Find out if a yellow fever vaccine is needed at your destination and plan ahead to get it. Only a limited number of clinics in the United States have the vaccine. Yellow fever vaccine is the best protection against yellow fever disease, which can be fatal.

Yellow fever virus is found in tropical and subtropical areas in South America and Africa. With a recent outbreak of yellow fever in Brazil, including areas close to popular destinations, such as the cities of Rio de Janeiro and São Paulo. A number of unvaccinated

international travelers have gotten yellow fever, and several have died.

WHAT CAN YOU DO TO PREVENT YELLOW FEVER?

Get Yellow Fever Vaccine

- Anyone nine months of age or older who travels to areas where yellow fever vaccine is recommended should be vaccinated against yellow fever at least ten days before travel.
- People who have never been vaccinated against yellow fever should avoid traveling to areas where yellow fever vaccination is recommended.
- Find a yellow fever vaccine provider.
- Keep in mind that the nearest yellow fever vaccination clinic may be some distance away from where you live, and appointments may be limited. Contact the clinic ahead of time to make sure the clinic has the vaccine.
- After getting vaccinated, you will receive a signed and stamped "yellow card," known as an "International Certificate of Vaccination or Prophylaxis" (or ICVP), which you should bring with you on your trip. Some countries require all travelers to show proof of yellow fever vaccination before they can enter the country.

Prevent Mosquito Bites

Because yellow fever and other diseases are spread by mosquito bites, you should prevent mosquito bites during travel by:

- Using insect repellent
- Wearing long-sleeved shirts and pants when outdoors
- Sleeping in an air-conditioned or well-screened room or under an insecticide-treated bed net
- Covering cribs, strollers, and baby carriers with mosquito netting to protect your baby or child

WHAT DO WE KNOW ABOUT YELLOW FEVER VACCINE?

Yellow fever vaccine is only available at a limited number of clinics in the United States right now. The only U.S.-licensed yellow fever

vaccine (YF-Vax) is out of stock. Until supply returns, the manufacturer has made an alternative yellow fever vaccine, Stamaril, available at certain locations. The U.S. Food and Drug Administration (FDA) has approved the use of Stamaril until YF-Vax is available again. It is just as safe and effective as YF-Vax.

For most travelers, a single dose of yellow fever vaccine provides lifelong protection.

Reactions to the yellow fever vaccine are generally mild. They may include headaches, muscle aches, and low-grade fevers.

- However, in rare cases, the yellow fever vaccine can have serious and sometimes fatal side effects.
- Infants 6 to 8 months old, adults 60 years of age or older, and people with weakened immune systems might be at higher risk of developing serious side effects.
- There are special concerns for pregnant and nursing women.
- Talk to your healthcare provider about whether you should get the vaccine.

Chapter 46 | Travel Shopping

HOW TO SHOP FOR TRAVEL

The key to planning a good trip is making sure you are buying from travel businesses you know and trust:

Get Recommendations

Ask family and friends about the companies they use and like, and look online to see what people are saying about their service and prices.

Call to Verify Your Reservations and Arrangements

Get the details about any "five-star" resorts or "luxury" cruise ships they promise—including what other travelers have had to say about them. Some companies market below-average vacation accommodations as "luxury" or "five-star." When you have the names, addresses, and phone numbers of the airlines, car rental companies, and hotels you will be using, confirm all arrangements yourself. If you cannot get a person from the travel company on the phone to answer your questions, consider taking your travel business elsewhere.

This chapter includes text excerpted from "Travel Tips," Federal Trade Commission (FTC), May 15, 2013. Reviewed April 2020.

Get a Copy of the Company's Cancellation and Refund Policies before You Pay for the Trip, and Ask "What If...?"

Consider whether some form of travel cancellation insurance is appropriate. Make sure the product you are being sold is a licensed insurance policy. The U.S. Travel Insurance Association maintains a list of licensed travel insurance companies.

Pay by Credit Card

Paying by credit card gives you more protection than paying by cash or check. If you do not get what you paid for, you may be able to dispute the charges with your credit card company. However, do not give your account number to any business until you have verified its reputation.

Consider Using a Travel App

Travel apps can help you search for airfares and hotel rates, get fare alerts and real-time deals, and manage your itinerary.

Ask about Mandatory Hotel "Resort Fees"

When you book a hotel room online, you expect that the rate you see is the rate you will pay. But extra costs often called "resort fees"—for services, such as fitness facilities or Internet access—can add to the per night cost of your stay. More importantly, the fees are mandatory: you must pay them regardless of whether you use the services. Many people do not find out about the fees until they arrive at the hotel—or worse when they check out. You cannot compare rates for different hotels unless you know all the fees. If you are not sure whether a website is showing you the total price, call the hotel and ask about a "resort fee" or any other mandatory charge. Listing the "resort fee" near the quoted price or in the fine print—or referring to other fees that "may apply"—is not good enough. If you find out a hotel has not told you the whole story about mandatory fees, in addition to complaining to the company, file a complaint with the Federal Trade Commission (FTC).

Ask Questions before Joining a Travel Club

Sometimes, a "free trial" membership can result in monthly charges on your credit card. Find out what you will get for your money and how you can cancel.

Chapter 47 | Travel Health Kits

Regardless of their destination, international travelers should assemble and carry a travel health kit. Travelers should tailor the contents to their specific needs, the type and length of travel, and their destination(s). Kits can be assembled at home or purchased at a local store, pharmacy, or online. Travel health kits can help to ensure travelers have supplies they need to:

- Manage preexisting medical conditions and treat any exacerbations of these conditions
- Prevent illness and injury related to traveling
- Take care of minor health problems as they occur

By bringing medications from home, travelers can avoid having to purchase them at their destination. Even when the quality is reliable, the medications people are accustomed to taking at home may be sold under different names or with different ingredients and dosage units in other countries, presenting additional challenges.

TRAVELING WITH MEDICATIONS

International travelers should carry all medications in their original containers with clear labels that easily identify the contents. Patient name and dosing regimen information should be included. Although travelers may prefer packing their medications into small bags, pillboxes, or daily-dose containers, officials at ports of entry may require formal and proper identification of all medications.

This chapter includes text excerpted from "Travel Health Kits," Centers for Disease Control and Prevention (CDC), June 24, 2019.

Travelers should carry copies of all prescriptions, including their generic names, preferably translated into the local language of the destination. For controlled substances and injectable medications, travelers should carry a note on letterhead stationery from the prescribing clinician or travel clinic. Translating the letter into the local language at the destination and attaching this translation to the original document may prove helpful if the document is needed during the trip. Some countries do not permit certain medications. If there is a question about these restrictions, particularly regarding controlled substances, travelers should contact the embassy or consulate of the destination country.

A travel health kit is useful only when easily accessible. It should be carried with the traveler at all times (such as in a carry-on bag), although sharp objects (such as scissors and fine splinter tweezers) must remain in checked luggage. Travelers should make sure that any liquid or gel-based items packed in the carry-on bags do not exceed size limits. Exceptions are made for certain medical reasons; check the Transportation Security Administration for U.S. outbound and inbound travel (call toll-free at 866-289-9673 Monday–Friday 8 a.m. to 11 p.m. weekends and holidays 9 a.m. to 8 p.m. or e-mail TSA-ContactCenter@dhs.gov) and the embassy or consulate of the destination country for their restrictions.

SUPPLIES FOR PREEXISTING MEDICAL CONDITIONS

Travelers with preexisting medical conditions should carry enough medication for the duration of their trip and an extra supply, in case the trip extends for any reason. If additional supplies or medications are needed to manage exacerbations of existing medical conditions, these should be carried as well. Consult with the clinician managing the traveler's preexisting medical conditions for the best plan of action.

People with preexisting conditions, such as diabetes or allergies, should consider wearing an alert bracelet, making sure this information (in English and preferably translated into the local language of the destination) is also on a card in their wallet and with their other travel documents.

GENERAL TRAVEL HEALTH KIT SUPPLIES

The following is a list of items that travelers should consider when assembling a basic travel health kit:

Prescription Medications and Supplies

- Medications that are taken on a regular basis at home
- Antibiotics for self-treatment of moderate to severe diarrhea
- Medication to prevent malaria, if needed
- Medication to prevent or treat altitude illness, if needed
- Prescription glasses/contact lenses (consider packing an extra pair of each, in case the lenses are damaged)
- Epinephrine auto-injectors (such as an EpiPen 2-Pak), especially if there is a history of severe allergic reaction or anaphylaxis; smaller-dose packages are available for children
- Diabetes testing supplies and insulin
- Needles or syringes, if needed for injectable medication. Needles and syringes can be difficult to purchase in some locations, so take more than what is needed for the length of the trip. These items will require a letter from the prescribing clinician on letterhead stationery.
- Medical alert bracelet or necklace

Over-the-Counter Medications

- Medications that are taken on a regular basis at home
- Treatment for pain or fever (one or more of the following, or an alternative):
  - Acetaminophen
  - Aspirin
  - Ibuprofen
- Treatment for stomach upset or diarrhea:
  - Antidiarrheal medication (such as loperamide [Imodium] or bismuth subsalicylate [Pepto-Bismol])
  - Packets of oral rehydration salts for dehydration
  - Mild laxative
  - Antacid

- Treatment for mild upper respiratory tract conditions:
  - Antihistamine
  - Decongestant, alone or in combination with antihistamine
  - Cough suppressant or expectorant
  - Cough drops
- Anti-motion sickness medication
- Mild sedative or sleep aid
- Saline eye drops
- Saline nose drops or spray

Basic First Aid Items

- Disposable latex-free gloves (more than two pairs)
- Adhesive bandages, multiple sizes
- Gauze
- Adhesive tape
- Antiseptic wound cleanser
- Cotton swabs
- Antifungal and antibacterial spray or creams
- One percent hydrocortisone cream
- Anti-itch gel or cream for insect bites and stings
- Moleskin or molefoam for blister prevention and treatment
- Digital thermometer
- Tweezers
- Scissors
- Safety pins
- Elastic/compression bandage wrap for sprains and strains
- Triangular bandage to wrap injuries and to make an arm or shoulder sling
- For travel in remote areas, consider a commercial suture kit
- First aid quick reference card

Supplies to Prevent Illness or Injury

- Antibacterial hand wipes or an alcohol-based hand sanitizer, containing more than 60 percent alcohol

- Insect repellents for skin and clothing
- Bed net (if needed, for protection against insect bites while sleeping)
- Sunscreen (more than or equal to 15 SPF with UVA and UVB protection)
- Water purification tablets (if visiting remote areas, camping, or staying in areas where access to clean water is limited)
- Latex condoms
- Ear plugs
- Personal safety equipment (such as child safety seats and bicycle helmets)

Documents

Travelers should both carry the following documents and leave copies with a family member or close contact who will remain in the United States, in case of an emergency.

- Proof of vaccination on an International Certificate of Vaccination or Prophylaxis (ICVP) card or medical waiver (if vaccinations are required)
- Copies of all prescriptions for medications, eyeglasses/contacts, and other medical supplies (including generic names and preferably translated into the local language of the destination)
- Documentation of preexisting conditions, such as diabetes or allergies (in English and preferably translated into the local language of the destination)
- Health insurance, supplemental travel health insurance, medical evacuation insurance, and travel insurance information (carry contact information for all insurance providers and copies of claim forms)
- Contact card to be carried with the traveler at all times, including street addresses, phone numbers, and e-mail addresses of the following:
  - A family member or close contact remaining in the United States
  - Healthcare provider(s) at home

- Place(s) of lodging at the destination(s)
- Hospitals or clinics (including emergency services) in your destination(s)
- U.S. Embassy or Consulate in the destination country or countries

COMMERCIAL MEDICAL KITS

Commercial medical kits are available for a wide range of circumstances, from basic first aid to advanced emergency life support. A number of companies manufacture advanced medical kits for adventure travelers, customizing them based on specific travel needs. In addition, specialty kits are available for travelers managing diabetes, dealing with dental emergencies, and participating in aquatic activities. Many pharmacies, grocery, retail, and outdoor sporting goods stores, as well as online retailers, sell their own basic first aid kits. Travelers who choose to purchase a preassembled kit should review the contents of the kit carefully to ensure that it has everything needed; any necessary additional items can be added.

Chapter 48 | The CDC's Mobile Apps for Travel Planning

TRAVWELL

Whether you want to scale the peaks of Mount Everest, scuba dive off the Great Barrier Reef, ride a camel in the deserts of Mongolia, or shop in Paris—it is time for a travel app.

Gone are the days of just booking cheap flights and accommodations. Now there are travel apps for just about anything—planning, packing, pet care, parking, expense tracking, currency conversion, language translation and even optimal light and dark times to help minimize jet lag.

However, a "must have" app for a safe, healthy, restful, worry-free international vacation is TravWell, a very unique mobile app from the Centers for Disease Control and Prevention (CDC). What with the many travel alerts, raging epidemics and endemic diseases, the only way to travel safe and smart is to use this app.

Have you ever wondered—do I need to take any health precautions before I travel to? Do I need to pack any medications? Will I be able to buy them during my trip?

This chapter contains text excerpted from the following sources: "TravWell" is excerpted from "Safe Travels with TravWell," Digital.gov, U.S. General Services Administration (GSA), October 25, 2018; Text under the heading "Can I Eat This?" is excerpted from "CDC's New App Answers the Question: 'Can I Eat This?'," Digital.gov, U.S. General Services Administration (GSA), October 25, 2018.

Figure 48.1. Screenshot of "TravWell" App

Do not worry. The CDC's TravWell app answers those questions and much more. It is available for both iOS and Android users. It takes less than a minute to download and is very intuitive and easy to use.

The app guides you to pick your favorite destination and your travel dates to create a trip. You can personalize it with your profile. Voila—now you have customized travelers' health information for your destination literally at your fingertips.

With just a tap of your finger or a click, you can get the CDC-recommended vaccines and medicines you would need customized for your particular destination. You just show the CDC's recommended list to your healthcare provider and discuss what is right for you. Planning a trip to South Africa, you will see that you need protection against malaria, yellow fever, and other illnesses.

Enter in your regular medications and it will auto magically appear in your customized healthy travel packing checklist of medical supplies that you need to pack for your trip. The app gives you a "to do" list of what you need to do to prepare for travel and during the trip. Use the handy customized "to do" list before and during the trip to have a healthy vacation.

It lets you store travel documents, keep a record of your medications and immunizations, and set reminders to get vaccine booster doses or take medicines while you are traveling.

You are able to access the latest CDC-issued travel health notices, U.S. State Department alerts, emergency phone numbers, and more anytime and anywhere you roam.

You can download this and other cool yet useful mobile government apps with just a few clicks from the USA.gov Federal Government Mobile Apps Directory (www.usa.gov/mobile-apps).

CAN I EAT THIS?

Can I Eat This? available for iOS and Android users, quickly answers everything from the age-old "Can I drink the water in?" to the more specific "Can I eat raw, chopped vegetables in Venezuela?" With prompts that guide you through a series of short questions, the app is super-easy to use, wherever you roam. Just select the country in which you are traveling from the long list, tell the app whether you are about to eat or drink, and then it drills down from there. (**Plus:** You do not need a data connection to access the app's advice.)

Heading to Morocco? Well, according to the CDC, you probably do not want to drink any water with ice in it. Or milk you do not get straight from the carton. Tea made with boiling water is probably OK to drink. (And thank goodness for that because from what I understand, authentic Moroccan mint tea is to die for—but in a good way.)

The bottom line? Do not spend your next vacation or important business trip camped out on somebody's bathroom floor. Download this app right now before you even pack a bag. Do not worry: you can download this and other cool mobile government apps with just a few clicks from the USA.gov apps gallery (www.usa.gov/mobile-apps).

Figure 48.2. Screenshot of "Can I Eat This?" App

Part 6 | Travelers with Special Considerations

Chapter 49 | Pregnant Travelers

Pregnant women can generally travel safely with little preparation. But they should avoid some destinations, including those with Zika and malaria risk. Learn about steps you can take if you are pregnant and planning an international trip, especially to a developing country. Follow these tips to keep you and your baby safe and healthy.

ZIKA AND MALARIA

The Zika virus is spread through mosquito bites and sex. Because Zika infection in a pregnant woman can cause severe birth defects, pregnant women should not travel to any area with the risk of Zika. If you must travel to an area with Zika risk, take strict precautions to prevent mosquito bites and avoid sexual transmission. If you have a sex partner who lives in or has traveled to an area with Zika, you should use condoms for the rest of your pregnancy.

Pregnant women also should avoid travel to areas with Malaria in pregnant women can be more severe than in women who are not pregnant. Malaria can increase the risk of serious pregnancy problems, including premature birth, miscarriage, and stillbirth. If you must go to an area with malaria while you are pregnant, talk to your doctor about taking a drug to prevent malaria. Malaria is spread by mosquitoes, so you should also wear effective insect repellent and take other precautions to avoid mosquito bites.

This chapter includes text excerpted from "Pregnant Travelers," Centers for Disease Control and Prevention (CDC), October 31, 2017.

PRETRAVEL CARE AND TRAVEL HEALTH INSURANCE

The first thing you should do when planning an international trip is to make an appointment with a healthcare provider who specializes in travel medicine. You should ideally visit the travel clinic at least 4–6 weeks before you leave. A travel medicine specialist can review your itinerary, make recommendations based on the health risks at your destination, and give you any vaccines you may need. You should also talk to your obstetrician (OB/GYN) about your trip for advice on whether it is safe for you to travel. Your travel medicine doctor and your obstetrician may need to talk to each other about your care.

Next, consider how you are going to get care overseas if you need it. Your health insurance in the United States might not pay for medical care in another country, so check with your insurance company. Consider getting supplemental travel health insurance, and make sure the policy will also cover the baby if you give birth during your trip. If you are traveling to a remote area, an insurance policy that covers medical evacuation will pay for your transportation to a high-quality hospital in case of emergency.

TRANSPORTATION ISSUES

Before you book a flight, check how late in your pregnancy the airline will let you fly. Most will let you fly until 36 weeks, but some have an earlier cutoff. Your feet may become swollen on a long flight, so wear comfortable shoes and loose clothing and try to walk around every hour or so. Pregnancy makes blood clots during travel much more likely. To reduce your risk of a blood clot, your doctor may recommend compression stockings or leg exercises you can do in your seat.

If you are going on a cruise, check with the cruise line to find out if it has specific guidance for pregnant women. Most will not allow you to travel after 24–28 weeks of pregnancy, and you may need to have a note from your doctor stating you are fit to travel.

Car crashes are a leading cause of injury for healthy U.S. travelers abroad. At your destination, always wear a seatbelt on a car or bus. A lap belt with shoulder strap is best, and the straps should be placed carefully above and below your stomach.

FOOD AND WATER SAFETY

Travelers' diarrhea is caused by eating or drinking contaminated food or water. The dehydration caused by diarrhea can be more of a problem for pregnant women than for others. In addition, other bacteria and viruses spread by food or water can lead to more severe illnesses that can cause problems for a pregnant woman and her baby. Therefore, if you are traveling in a developing country, you should carefully follow food and water safety measures:

- Eat only food that is cooked and served piping hot.
- Do not eat cold food or food that has been sitting at room temperature (such as a buffet).
- Do not eat raw or undercooked meat or fish.
- Eat fresh fruits and vegetables only if you can peel them or wash them in clean water.
- Do not eat unpasteurized dairy products.
- Drink only water, sodas, or sports drinks that are canned or bottled and sealed (carbonated is safer because the bubbles indicate that it was sealed at the factory).
- Do not drink anything with ice in it—ice may be made with contaminated water.

If you get travelers' diarrhea, the best thing to do is drink plenty of safe liquids while you wait for it to go away on its own. However, your doctor may give you an antibiotic you can take in case diarrhea is moderate or severe. Diarrhea is considered moderate when it is distressing or interferes with planned activities, and severe when it is disabling or completely prevents planned activities. Do not take products containing bismuth, such as Pepto-Bismol or Kaopectate. These medicines are not recommended for pregnant women.

Chapter 50 | Traveling with Children

An estimated 2.4 million children from the United States travel internationally each year, and the number is increasing. In general, children face most of the same health risks as their parents, but the consequences can be more serious. Some conditions can be difficult to recognize in children, especially in those who are not talking yet. If you are planning to travel to another country with your kids, be familiar with the risks of travel to help them stay safe and healthy.

PRETRAVEL CARE

A visit to a travel medicine provider before your trip can help protect you and your children at your destination. Ideally, your family should see a healthcare provider at least one month before your international trip to get needed vaccines and medicines. Your doctor or nurse will also counsel you on other ways to reduce your family's risk of illness or injury during travel.

VACCINES FOR YOUR CHILDREN

If possible, children should complete their routine childhood vaccines on the normal schedule before traveling overseas. However, some vaccines can also be given on an accelerated schedule, meaning doses are given in a shorter period of time. Some travel vaccines cannot be given to very young children, so it is important to check with a travel medicine doctor, who should consult your child's pediatrician, as early as possible before travel.

This chapter includes text excerpted from "Traveling with Children," Centers for Disease Control and Prevention (CDC), February 5, 2020.

IF YOUR CHILD HAS DIARRHEA

Diarrhea is among the most common illnesses experienced by children who are traveling abroad.

Prevention

For infants, breastfeeding is the best way to prevent diarrhea. Older children visiting developing countries should follow basic food and water precautions.

- Eat only food that is cooked and served hot.
- Eat fresh fruits and vegetables that were peeled or washed in clean water.
- Drink only beverages from sealed containers or water that has been boiled or treated. This includes water used to prepare infant formula.
- Wash their hands with soap and water. If soap and water are not available, an alcohol-based hand sanitizer that contains at least 60 percent alcohol can be used.

For short trips, you may want to bring a supply of safe snacks from home for times when the children are hungry and the available food may not be appealing or safe.

Treatment

Diarrhea can be serious in infants and small children because of the risk of dehydration. The best treatment for diarrhea in children is to give plenty of fluids; there is usually no need to give medicine. Keep in mind:

- Oral rehydration salts (available online or in stores in most developing countries) may be used to prevent dehydration.
- Over-the-counter drugs that contain bismuth (Pepto-Bismol or Kaopectate) should not be used in children, and antibiotics are usually reserved for serious cases.
- Other common treatments for diarrhea, such as loperamide, are not recommended for children younger than six years of age.

If your child appears to be severely dehydrated or has a fever or bloody stools, get medical attention immediately.

MALARIA AND OTHER DISEASES SPREAD BY BUGS

Diseases spread by mosquitoes such as Zika, chikungunya, malaria, dengue, and yellow fever, are common throughout Asia, Africa, South America, and Europe.

Prevention

Help your children prevent mosquito bites and use insect repellent:

- Children should wear insect repellent and long pants and sleeves. Permethrin can be applied to clothes for extra protection.
- Do not use insect repellents on babies younger than two months of age.
- For babies younger than two months of age, protect them by draping mosquito netting over their carrier or car seat. Netting should have an elastic edge for a tight fit.
- Do not use repellents containing oil of lemon eucalyptus (OLE) or para-menthane-diol (PMD) on children younger than three years of age.
- At night, children should sleep in screened, air-conditioned rooms, or under a bed net.

Malaria

Malaria is among the most serious and life-threatening infections that can be acquired by children abroad. Children visiting friends and relatives in developing countries may be at higher risk because they are more likely to be in areas where malaria is commonly found.

Children who travel to areas where malaria is present should take medicine to prevent malaria, just like their parents. Your healthcare provider can tell you which malaria medicine is best for your child. Many of these drugs have a bitter taste, but a pharmacist can crush the capsules and put the powder in a flavorless gelatin

capsule. Because of the risk of overdose, malaria drugs should be stored in childproof containers and kept out of the reach of children. Malaria drugs are not 100 percent effective, and other diseases are also spread by insects, so children (and their parents) should avoid bug bites, even if they are taking malaria medicine.

BEWARE OF RABIES

Rabies is spread through animal bites or scratches. Although it is rare, rabies is almost always fatal if not treated promptly. Rabies is more common in children than in adults because children are more likely to try petting strange animals. Tell your children to stay away from all animals, but reassure them that if they do get bitten, they should tell an adult immediately. Any animal bite should be washed thoroughly with soap and water and must receive medical attention as soon as possible.

ROAD SAFETY

Car crashes are the leading cause of death in children who travel abroad. In general, children are the safest traveling in the back seat, but no one should ever travel in the back of a pickup truck. In many developing countries, cars may lack front or rear seatbelts.

When using transportation or renting vehicles in other countries:

- Make sure there are seatbelts and other safety features.
- Children should always ride in age-appropriate car seats when traveling.
- Plan to bring car seats because they may not be available in many countries or meet the U.S. safety standards.

DROWNING AND WATER-RELATED ILLNESS AND INJURIES

Drowning is the second leading cause of death in children who travel abroad. Children should be supervised closely and should always wear a life preserver around water. Children should not swim in fresh, unchlorinated water, such as lakes or ponds, because some infections (such as schistosomiasis and leptospirosis) are spread by contact with fresh water.

Chapter 51 | Senior Travelers

The retirement years is a time that many take to explore the world. With a little planning and some caution, senior travelers can prepare themselves for international trips.

BEFORE YOU GO

All travelers, including seniors, should see a doctor at least one month before they travel. Tell your doctor about any medical conditions or medicines you are taking, since this will influence medical decisions.

GET YOUR VACCINES

Before travel, you should be up-to-date on routine vaccines, such as measles-mumps-rubella (MMR), seasonal flu, and tetanus. More than half of tetanus cases are in people over 65 years of age, so consider getting a tetanus booster before you travel.

You should also receive other vaccines recommended for the countries you are visiting. These may include vaccines for hepatitis, typhoid, or polio.

The use of some vaccines may be restricted based on your age or other illnesses. For example, if you are older than 60 years of age or if you have underlying health conditions, and you have never before received the yellow fever vaccine, talk to your doctor about the advisability of getting this shot. Discuss your itinerary and

This chapter includes text excerpted from "Senior Citizens," Centers for Disease Control and Prevention (CDC), November 18, 2019.

the details of your travel plans with your doctor and, if necessary, alternatives to vaccination.

TAKE YOUR MEDICATIONS

To watch out for possible interactions with travel medications, make sure the doctor knows all the medications you take routinely. A doctor may prescribe medicine for malaria, altitude sickness, or travelers' diarrhea. Travelers' diarrhea is common and maybe more serious in seniors, so carefully follow food and water precautions.

For any medication, you may take, plan to pack enough for the duration of the trip, plus a few days' extra in case of travel delays. Counterfeit drugs are common overseas, so take only medicine you bring with you from the United States.

Carry prescription medicine in its original container, along with a copy of the prescription. Pack medicine in your carry-on luggage, in case, checked baggage gets lost.

INJURY PREVENTION

Although exotic infections make the headlines, injury is the most common cause of preventable death among travelers.

You can minimize your risk of road accidents by following these tips:

- Always wear seatbelts.
- When possible, avoid riding in a car in a developing country at night.
- Do not ride motorcycles. If you must ride a motorcycle, wear a helmet.
- Know local traffic laws before you get behind the wheel.
- Do not drink and drive.
- Ride only in marked taxis that have seatbelts.
- Avoid overcrowded, overweight, or top-heavy buses or vans.
- Be alert when crossing the street, especially in countries where people drive on the left.

Consider your physical limitations, including things you may not think of such as recovery from jet lag, motion sickness, and be

aware that seniors may be at a greater risk for deep vein thrombosis (DVT) and blood clots related to long-distance travel.

Research your destination in advance to see what factors can affect your health such as the elevation, climate, and risk of natural disasters. Senior travelers may have more problems in those extreme situations.

CONSIDER TRAVEL INSURANCE

Consider purchasing supplemental travel health insurance in case of injury or illness overseas. Many health plans, including Medicare, will not pay for services received outside the United States. Also, consider purchasing medical evacuation insurance, which will pay for emergency transportation to a hospital.

Chapter 52 | LGBTI Travelers

Lesbian, gay, bisexual, transgender, and intersex (LGBTI) travelers can face unique challenges when traveling abroad. Laws and attitudes in some countries may affect the safety and ease of travel. Legal protections vary from country to country. Many countries do not legally recognize same-sex marriage. More than 70 countries consider consensual same-sex sexual relations a crime, sometimes carrying severe punishment.

BEFORE YOU TRAVEL

Research Your Destination

Visit the Bureau of Consular Affairs (CA), U.S. Department of State's (DOS) Traveler's Checklist (travel.state.gov/content/travel/en/international-travel/before-you-go/travelers-checklist.html). Review the Bureau's country information (travel.state.gov/content/travel/en/international-travel/International-Travel-Country-Information-Pages.html) pages for information specific to LGBTI travelers (under Special Laws and Circumstances).

Update Your Passport

Some transgender travelers have reported difficulties entering a country on a passport bearing a name and photo that no longer correspond to their gender identity. Visit the DOS website:

This chapter includes text excerpted from "LGBTI Travelers," Bureau of Consular Affairs (CA), U.S. Department of State (DOS), November 6, 2019.

- To change your name only, see Change or Correct a Passport (travel.state.gov/content/travel/en/passports/have-passport/change correct.html).
- To update the sex marker on your passport, see the Change of Sex Marker page (travel.state.gov/content/travel/en/passports/need passport/change-of-sex-marker.html).
- If you were born abroad, follow the instructions on how to Replace or Amend a Consular Report of Birth Abroad (CRBA) (travel.state.gov/content/travel/en/records-and-authentications/requesting-a-vital-record-as-a-u-s--citizen/replace-amend-CRBA.html) to update gender marker.

Pack Important Documents

LGBTI travelers should take copies of important documents, especially when traveling in countries where legal rights differ from those in the United States:

- Legal and health documents (such as a living will or healthcare directive)
- Parentage and/or custody documents for accompanying minor children (especially if your children do not share your last name)
- Contact information for your family and/or lawyer in the United States, including someone who has a copy of your itinerary
- Address and phone number of the nearest U.S. Embassy or Consulate, in English and the local language

Consider Buying Insurance

Travel insurance can cover your costs during emergencies, including in cases where medical evacuation may be required. Some insurance companies have products specifically tailored to LGBTI travelers. Verify that any insurance you purchase will cover all traveling family members.

Enroll in the Smart Traveler Enrollment Program

The Smart Traveler Enrollment Program (STEP) is a free service for U.S. citizens traveling to, or living in, a foreign country.

- Enter information about your upcoming time abroad so that the DOS can send you current travel advisories and alerts.
- In case of emergency, include an e-mail address or phone number where government officials can reach you when traveling.

WHILE YOU ARE THERE

Here are some pointers for staying safe while abroad:

- Remember you are subject to the laws of the country where you travel. In many countries, consensual same-sex sexual activity, public gathering, or dissemination of pro-LGBTI material may be illegal.
- Be cautious of potentially risky situations.
- Watch out for entrapment campaigns. Police in some countries monitor websites, mobile apps, or meeting places, so be cautious connecting with the local community.
- Be wary of newfound "friends." Criminals may target or attempt to extort LGBTI foreigners.
- Some resorts or LGBTI neighborhoods can be quite segregated. Be aware of attitudes in surrounding areas which can be much less accepting.

If you need help, contact the U.S. Embassy or Consulate.

The nearest U.S. Embassy or Consulate may be able to help if you run into problems overseas, especially if you feel you cannot approach local police or have had difficulties already.

- Consular officers will protect your privacy and will not make generalizations, assumptions, or pass judgment.
- Let them know about any inappropriate treatment or harassment you experience.
- If you are arrested, immediately ask the police to notify the U.S. Embassy.

OTHER ISSUES

Living Abroad with Your Foreign National Spouse or Partner

- Check the website of the foreign embassy or consulate in the United States to learn about any special documentation requirements, such as work authorization or a residence visa.

Obtaining a U.S. Visa for Your Foreign National Spouse or Fiancé

- Read DOS information about visas for same-sex spouses or fiancés.
- For information on filing an immigration petition for your same-sex spouse or fiancé, visit the U.S. Citizenship and Immigration Service's Same-Sex Marriages page.

Adopting Children Overseas

- If you plan on traveling overseas to adopt, be aware that some foreign countries do not permit LGBTI individuals or same-sex couples to adopt.

Registering the Birth of Your Child Born Abroad

- If your child was born abroad, she or he may be eligible for a Consular Report of Birth Abroad.
- Keep in mind important legal considerations for children born abroad conceived through Assisted Reproductive Technology (ART) and surrogacy.
- Laws about the use of surrogacy and ART for LGBTI individuals and couples vary by country. Some same-sex parents using a surrogate abroad have had difficulties bringing their baby home after changes in local surrogacy laws.

Chapter 53 | Immunocompromised Travelers

APPROACH TO THE IMMUNOCOMPROMISED TRAVELER

Immunocompromised travelers make up of one to two percent of travelers seen in U.S. travel clinics and pursue itineraries largely similar to those of immunocompetent travelers. The pretravel preparation of travelers with immune suppression due to any medical condition, drug, or treatment must take into consideration several issues:

- What is the cause of immune suppression? Different conditions and medications produce widely varying degrees of immunocompromise, and there are many unknowns in this field. Guidance regarding vaccination of immunocompromised travelers is less evidence-based than with other categories of travelers; this chapter provides recommendations based on the best available data and the practices of experienced clinicians.
- Is the traveler's underlying medical condition stable? The travel healthcare provider may need to contact the traveler's primary or specialty care providers (with the patient's permission) to discuss the traveler's fitness to

This chapter includes text excerpted from "Immunocompromised Travelers," Centers for Disease Control and Prevention (CDC), June 24, 2019.

travel, give specific medical advice for the proposed itinerary, verify the drugs and doses composing their usual maintenance regimen, and discuss whether any of the disease-prevention measures recommended for the proposed trip could destabilize the underlying medical condition, directly or through drug interactions.

- Do the conditions, medications, and treatments of the traveler constitute contraindications to, decrease the effectiveness of, or increase the risk for adverse events of any of the disease-prevention measures recommended for the proposed trip? Depending on the destination, such measures may include immunizations and drugs used for malaria chemoprophylaxis and management of travelers' diarrhea. Are there specific health hazards at the destination that would exacerbate the underlying condition or be more severe in an immunocompromised traveler? If so, can specific interventions be recommended to mitigate these risks?
- If an immunocompromised traveler were to become ill while traveling, what are the healthcare options? What would the traveler do should medical evacuation be required? An immunocompromised traveler should have a plan for when and how to seek care overseas and how to pay for it.

The traveler's immune status is particularly relevant to immunizations. Overall considerations for vaccine recommendations, such as destination and the likely risk of exposure to disease, are the same for immunocompromised travelers as for other travelers. The risk of severe illness or death from a vaccine-preventable disease must be weighed against potential adverse events from administering a live vaccine to an immunocompromised patient. In some complex cases when travelers cannot tolerate recommended immunizations or prophylaxis, the traveler should consider changing the itinerary, altering the activities planned during travel, or deferring the trip.

For purposes of clinical assessment and approach to immunizations, immunocompromised travelers may be thought of as

falling into one of three groups, based on mechanism and level of immune suppression.

The three groups are people who have:

1. Medical conditions without significant immunologic compromise,
2. Medical conditions and treatments associated with limited immune deficits, and
3. Medical conditions or treatments associated with severe immune compromise.

KEY PATIENT EDUCATION POINTS FOR THE IMMUNOCOMPROMISED TRAVELER

- Develop a plan in case of illness at destination (clinic or hospital that would be able to care for immunocompromised host; how to use embassy resources and medical evacuation insurance).
- Bring extra medications in case of travel delays; ensure medications are labeled.
- Avoid taking medications purchased at destination (drug interactions or substandard, spurious, falsely labeled, falsified, and counterfeit medical products).
- Augmented risk of infection with multidrug-resistant organisms during and after travel; highlight such travel to clinicians if ill afterwards.
- Vigilant use of sun protection given dramatically elevated rates of skin cancer in immunocompromised hosts, also higher risk of photosensitivity from medications.
- Vigilant food and water precautions. Antibacterial hand wipes or an alcohol-based hand sanitizer containing at least 60 percent alcohol may be useful.
- Bring travel health/first aid kit.

SPECIAL CONSIDERATIONS FOR IMMUNOCOMPROMISED TRAVELERS

Household Contacts

The live vaccines measles-mumps-rubella (MMR), varicella, and rotavirus vaccines should be administered to susceptible household

contacts and other close contacts of immunocompromised patients when indicated. Inactive influenza vaccine (IIV) is the preferred agent; however, household and other close contacts of mildly or moderately immunocompromised patients can safely receive live attenuated influenza vaccine (LAIV) if they are unable to receive IIV. LAIV is contraindicated in close contacts and caregivers of severely immunocompromised people who require a protected environment.

Zoster vaccine live and yellow fever vaccine may be administered when indicated. Smallpox vaccine (mostly for military personnel) is transmissible to immunocompromised households and intimate contacts; infection control measures among family members should be implemented. If a varicella vaccine recipient has a rash after vaccination, direct contact with susceptible household contacts with altered immunocompetence should be avoided until the rash resolves.

Yellow Fever Vaccine

Unvaccinated travelers with severe immune compromise should be strongly discouraged from travel to destinations that present a true risk for yellow fever (YF). Significant immunosuppression is a contraindication to YF vaccination, as there is a risk of developing a serious adverse event, such as life-threatening yellow fever vaccine-associated viscerotropic disease (YEL-AVD) and yellow fever vaccine-associated neurotropic disease (YEL-AND). Additionally, YF vaccination is contraindicated in people with a history of a thymus disorder associated with abnormal immune cell function (e.g., thymoma or myasthenia gravis). This applies to whether or not they have undergone therapeutic thymectomy. There are no data to support immunoglobulin A (IgA) deficiency as a contraindication to yellow fever (YF) vaccination.

If travel is unavoidable to an area where YF vaccine is recommended and the vaccine has not been given, these travelers should be informed of the risk of YF, carefully instructed on methods to avoid mosquito bites, and provided with a vaccination medical waiver. They may wish to travel during periods of lower disease activity. Travelers should be warned that vaccination waiver documents might not be accepted by some countries, and refusal of entry or quarantine is possible.

Patients with conditions that the Advisory Committee on Immunization Practices (ACIP) considers precautions (as opposed to contraindications) to administration of YF vaccine, such as asymptomatic human immunodeficiency virus (HIV), may be offered YF vaccine if travel to YF-endemic areas is unavoidable; recipients should be monitored closely for possible adverse effects. Studies show that higher CD4 cell counts and suppressed HIV viral loads seem to be the key determinants for the development of protective neutralizing antibodies. Patients with undetectable viral loads respond well to YF vaccination regardless of CD4 count, although data are limited in those with CD4 counts smaller than 200 mm3. As vaccine response may be suboptimal, such vaccinees are candidates for serologic testing 1 month after vaccination. Data from clinical and epidemiologic studies are insufficient at this time to evaluate the actual risk of severe adverse effects associated with YF vaccine among recipients with limited immune deficits. If international travel requirements, and not true exposure risk, are the only reasons to vaccinate a traveler with asymptomatic HIV infection or a limited immune deficit, the physician should provide a waiver letter.

Booster doses of YF vaccine are no longer recommended for most travelers because a single dose of yellow fever vaccine provides long-lasting protection. However, additional doses of yellow fever vaccine are recommended for certain populations (such as hematopoietic stem cell transplant recipients and people with HIV) who might not have a robust or sustained immune response to yellow fever vaccine compared with other recipients.

People who received a hematopoietic stem cell transplant after receiving a dose of yellow fever vaccine and who are sufficiently immunocompetent to be safely vaccinated should be revaccinated if travel puts them at risk of yellow fever. People who were infected with HIV when they received their last dose of yellow fever vaccine should receive a dose every ten years if they continue to be at risk for yellow fever and if there are no precautions or contraindications based on their current CD4 cell counts. Data suggest that yellow fever vaccination before solid-organ transplant, even long before transplant, generally provides protective antibody levels after transplant.

Response to Vaccination

Response to vaccination may be muted in severely immunocompromised hosts, and potential travelers should be informed about this. The immunosuppressive regimen does not predict the decrease in response to vaccination. Data in solid-organ transplant recipients vaccinated before transplant suggests that a prolonged phase of protective antibody titers can exist after transplant. In general, serologic testing for response to most travel-related vaccines is not clinically recommended.

Malaria Prophylaxis

Immunocompromised travelers to malaria-endemic areas should be prescribed drugs for malaria prophylaxis and receive counseling about mosquito bite avoidance—the same as for immunocompetent travelers. Special concerns for immunocompromised travelers include any of the following possibilities:

- Most current first-line regimens for HIV (integrase and entry inhibitors) have few drug interactions, but some older maintenance regimens for HIV may interact with drugs used for malaria prophylaxis. Notably, chloroquine, mefloquine, and primaquine may interact with older maintenance regimens for HIV, particularly those containing protease inhibitors.
- The underlying medical condition, notably splenectomy, or immunosuppressive regimen may predispose the immunocompromised traveler to more serious disease from malaria infection. Such travelers should be counseled to adhere conscientiously to mosquito avoidance techniques and malaria prophylaxis.
- Malaria infection and the drugs used to treat it may exacerbate the underlying disease.
- The severity of malaria is increased in HIV-infected people; malaria infection increases HIV viral load and thus may exacerbate disease progression.

Commonly used integrase inhibitor (raltegravir, dolutegravir, elvitegravir)/nucleotide reverse transcriptase inhibitors (NRTI) combinations (brand names include Descovy-Tivicay, Truvada-Tivicay) have no known interactions with the Centers for Disease Control and Prevention (CDC)-recommended prophylactic drugs, although the cobicistat booster coformulated with elvitegravir (Stribild, Genvoya) may theoretically increase mefloquine levels. The rilpivirine, emtricitabine, tenofovir alafenamide (TAF)/tenofovir disoproxil fumarate (TDF) combinations (Odefsey and Complera) similarly have no interactions with antimalarials.

Of older drugs, efavirenz lowers serum levels of both atovaquone and proguanil, but there is no evidence for clinical failure of these agents when used concurrently. Efavirenz could potentially increase the amount of hemotoxic metabolites of primaquine.

Antimalarial treatment regimens, including artemisinin derivatives, quinine/quinidine, lumefantrine (part of the artemether/lumefantrine combination, Coartem), and atovaquone and proguanil, may have potential interactions with many NNRTIs, protease inhibitors (PIs), and with the CCR5 receptor antagonist maraviroc. Advice from the CDC or another malaria expert should be sought when treating patients for malaria who are also on antiretrovirals.

Extra care must be taken in researching potential interactions in people with HIV who are receiving antiretroviral therapy. An interactive web-based resource for assessing possible drug interactions is found at the University of Liverpool website (www.hiv-druginteractions.org; a mobile application is available).

In organ transplant recipients, malaria prophylactic drugs may interact with calcineurin inhibitors and mammalian target of rapamycin (mTOR) inhibitors (tacrolimus, cyclosporine, sirolimus, everolimus). Mefloquine, chloroquine, primaquine, and doxycycline may cause elevated calcineurin inhibitor levels. Mefloquine, chloroquine, and calcineurin inhibitors may interact to prolong the QT interval. Some travel-related medications need to be dose-adjusted according to altered hepatic or renal function.

Chapter 54 | Travelers with Chronic Illnesses

Although traveling abroad can be relaxing and rewarding, the physical demands of travel can be stressful, particularly for travelers with chronic illnesses such as heart disease, diabetes, asthma, or arthritis. With a little planning and preparation, people with chronic illnesses can have safe and enjoyable trips. If you have a chronic illness and are planning an international trip, visit your healthcare provider or a travel medicine specialist at least a month before you leave. Some chronic illnesses and medicines, such as steroids, can weaken the immune system and make you more susceptible to travel-related infections.

BEFORE YOU GO

- Make an appointment with a travel medicine specialist or your healthcare provider to get needed vaccines and medicines at least a month before you leave.
  - Discuss your itinerary with your healthcare provider to make sure you get any destination-specific vaccines and medicines, such as yellow fever vaccine or medicine to prevent malaria.
  - If the travel medicine specialist prescribes any medicine for travel, make sure she or he knows what medicines you routinely take, to prevent drug interactions.
  - If you plan to be gone for more than 30 days, talk to your doctor about how you can get enough medicine

This chapter includes text excerpted from "Travelers with Chronic Illnesses," Centers for Disease Control and Prevention (CDC), December 13, 2018.

for your trip. Sometimes insurance companies will pay for only a 30-day supply at a time.

- Pack a travel health kit with your prescriptions and over-the-counter (OTC) medicines (enough to last your whole trip, plus a little extra), first-aid supplies, and your health insurance card.
  - Pack all your medicines and medical supplies in your carry-on luggage. You do not want to be without them if your suitcase gets lost!
  - Medicines should be in their original prescription bottles, and you should also carry copies of your original prescriptions.
  - If you need oxygen or other equipment, notify the airline well in advance. The Transportation Security Administration (TSA) Cares Helpline (Toll-free at 855-787-2227) can also provide information on how to prepare for the airport security screening process with respect to a particular disability or medical condition.
- Prepare for the unexpected.
  - Find out if your health insurance covers medical care abroad—many plans do not! Consider buying additional insurance that covers healthcare and emergency evacuation.
  - Make sure you have a plan to get care overseas, in case you need it.
  - Carry a card with information about your condition, including any drug or food allergies, written in the local language. If appropriate, wear a medical alert bracelet or other medical jewelry with this information on it.

INSURANCE

There are three types of insurance every traveler should consider buying. These may be especially important for travelers with chronic illnesses.

- **Trip cancellation insurance** covers the cost of your trip if, for example, you have to reschedule or cancel because you are too sick to travel.

- **Travel health insurance** covers the cost of healthcare received in other countries. Even if you have health insurance in the United States, it might not cover you overseas.
- **Medical evacuation insurance** covers the cost of transportation to high-quality healthcare facilities, in the event of an emergency. This type of insurance is important if you will be traveling in rural or remote areas.

When selecting an insurance policy, always read the fine print, so you are sure that it covers what you need it to cover.

Chapter 55 | Traveling with a Disability

RESEARCH YOUR DESTINATION

Each country has its own standards of accessibility for persons with disabilities. Before you travel, visit travel.state.gov/destination and enter a country or area to find information for mobility-impaired travelers in the Special Laws and Circumstances section. Unlike the United States, many countries do not legally require accommodations for persons with disabilities.

KNOW BEFORE YOU GO

Preparing for your trip is critical:

- Consult your travel agent, hotel, airline, or cruise ship company to learn about services during your trip and at your destination, including those for service animals.
- Call the Transportation Security Administration's (TSA) helpline for travelers with disabilities and medical conditions at 855-787-2227 (toll-free).
- Read Section 6 of the State Department's Human Rights Report (www.state.gov/reports-bureau-of-democracy-human-rights-and-labor/country-reports-on-human-rights-practices) for information on the human rights and social service framework protecting citizens with disabilities in your destination country.

This chapter includes text excerpted from "Travelers with Disabilities," Bureau of Consular Affairs (CA), U.S. Department of State (DOS), November 6, 2019.

SERVICE ANIMALS

Before traveling, you should research taking a service animal abroad.

- Contact the U.S. Embassy or Consulate of your destination country for information on possible restrictions and cultural norms about service animals.
- Find out about any quarantine, vaccination, and documentation requirements.
- Talk with your vet about tips for traveling with your service animal.
- Make sure your hotel will accommodate your service animal.

ASSISTIVE EQUIPMENT

- Find out if there are specific policies for devices such as wheelchairs, portable machines, batteries, respirators, and oxygen.
- Research the availability of wheelchair and medical equipment providers.
- Consider manual versus power wheelchairs, including:
  - Voltage of electricity
  - Type of electrical plug
  - Reliability of electrical system 24/7

MEDICAL CONSIDERATION

Consult with your physician before traveling overseas to identify healthcare needs during your trip. If your health insurance plan does not provide coverage overseas, it is strongly recommended supplemental medical insurance and medical evacuation plans.

- Visit the Bureau of Consular Affairs, U.S. Department of State's (DOS) webpage, Your Health Abroad (travel.state.gov/content/travel/en/international-travel/before-you-go/your-health-abroad.html).
- Carry medical alert information and a letter from your healthcare provider describing your medical condition, medications, potential complications, and other pertinent medical information.

- Carry sufficient prescription medication to last your entire trip, including extra medicine in case of delay. Some prescription medications that are legal in the United States are illegal in other countries.
- Always carry your prescriptions in their labeled containers, not in a pill pack.

STAY CONNECTED

Enroll in the Smart Traveler Enrollment Program (STEP) (step.state.gov/step) to receive security messages and make it easier for the U.S. Embassy or Consulate to help in an emergency.

Chapter 56 | Mental Health and Travel

International travel can be fun, but it also can be stressful. Travel can spark mood changes, depression, anxiety, and uncharacteristic behaviors such as violence, suicidal thoughts, and excessive drug and alcohol use, or it can worsen symptoms in people with existing mental illness. Stressors vary to some extent with the type of travel: short-term tourist travel likely creates the least stress, whereas frequent travel, humanitarian and disaster work, and expatriation cause the most. Given the stressors of travel, preexisting psychiatric disorders can recur, latent or undiagnosed problems can become apparent, and new problems can arise. In addition, jet lag, fatigue, and work or family pressures can trigger anxiety and aggravate depressive symptoms in short-term travelers. Anticipating the possible stresses of travel can help you cope with some of the thoughts and feelings that you may have before, during, or after your trip.

OCCURRENCE IN TRAVELERS

Incidence data based on population surveys of travelers are nonexistent. Data from clinical populations include the following:

- In a study of British diplomats, 11 percent of medical evacuations were "nonphysical," or psychological in nature. Of those evacuated for psychological reasons, 71 percent were in their 20s. There was an overall

This chapter contains text excerpted from the following sources: Text in this chapter begins with excerpts from "Mental Health," Centers for Disease Control and Prevention (CDC), June 24, 2019; Text under the heading "During Your Trip" is excerpted from "Mental Health and Travel," Centers for Disease Control and Prevention (CDC), October 23, 2017.

incidence of 0.3 percent for psychological evacuations. Of these, 41 percent were for depression.

- In a study of the U.S. Foreign Service from 1982 through 1986, the incidence of psychiatric evacuations was 0.2 percent. Of these, 50 percent were for substance abuse or affective disorder. Evacuations for mania and hypomanic states accounted for 3 percent.
- A study of psychiatric emergencies in travelers to Hawaii estimated a rate of 0.2 percent for tourists and 2 percent for transient travelers (those arriving in Hawaii with no immediate plans to leave) versus 1 percent for residents. In order of decreasing frequency, diagnoses in this population were schizophrenia, alcohol abuse, anxiety reaction, and depression.

THE PRETRAVEL CONSULTATION AND MENTAL-HEALTH EVALUATION

Any pretravel consultation should include a mental-health screening, especially for the following groups: those planning extended or frequent travel; participants in humanitarian or disaster relief work; and anyone intending to take up long-term or semipermanent residence in another country. As travel medicine specialists rarely have mental-health credentials, a brief inquiry aimed at eliciting previously diagnosed psychiatric disorders should be undertaken. To introduce this portion of the consultation and to elicit the most cooperation, practitioners can enumerate these facts:

- International travel is stressful for everyone and has been associated with the emergence or reemergence of mental-health problems.
- The availability of culturally compatible mental-health services varies widely.
- Laws regarding the use of illicit substances can be severe in some countries.

The practitioner should then ask about indicators of overt or underlying mental-health problems:

- Previously treated or diagnosed psychiatric disorders (including any associated with prior travel) and the

type of treatment involved (inpatient, outpatient, medications)
- Current psychiatric disorders and treatment
- Current or past use of illicit substances
- Substance use disorder (formally diagnosed) or suggestions from healthcare providers, friends, or family that the traveler might be using alcohol or other substances to excess
- Serious mental-health problems in the immediate family

In general, any history of inpatient treatment, psychotic episodes, violent or suicidal behavior, affective disorder (including mania, hypomania, or major depression), any treatment for substance use problems, and any current treatments would warrant further evaluation by a mental-health professional, preferably one experienced in handling problems related to international travel. On occasion, a patient's mental status during the pretravel consultation may be notably abnormal, which would also warrant a referral.

People with mental-health issues may face several challenges and barriers to healthy travel. Pretravel healthcare providers should be prepared to discuss the following topics:

- **Mental-health treatment.** Culturally compatible mental-health treatment for long-term travelers or expatriates may be difficult to find in the destination country, requiring assistance from a mental-health professional with overseas experience.
- **Importation of psychotropic medications.** Customs regulations in some countries prohibit the importation of medications used to treat mental-health disorders. Officials may confiscate schedule II drugs such as narcotics or stimulants (including amphetamines and methylphenidate) commonly used to treat attention deficit disorder. Rules vary by country and travelers should check with the host country's embassy in advance of travel. health-care providers (including pharmacists) in the destination country may be able

to provide guidance to colleagues about medication restrictions. Advise travelers to carry medications in their original containers, along with a letter from the prescribing physician indicating the medical reason for the prescription. Remind them that even if they adhere to these guidelines, customs officials may seize their medication.

- **Refilling prescriptions.** Obtaining refills of psychotropic medications while living overseas can be problematic, as availability or even legality of these drugs varies from country to country. Again, checking with the country's embassy may be helpful, as would checking with a reputable in-country pharmacy or health-care provider. Sometimes visiting friends or relatives or other members of the company or organization traveling can bring additional medication.
- **Laboratory monitoring of medication levels.** Locating in-country laboratory facilities capable of measuring levels of lithium or other mood-stabilizing medications can be challenging. Travelers should not assume the stability of levels, particularly in environments with high ambient temperatures. Increased perspiration can lead to lithium toxicity, even on a consistent dose.
- **Contraindicated medications.** Because of its potential for neuropsychiatric side effects, patients with mental-health issues should not take mefloquine for malaria prophylaxis. Please see the discussion of mefloquine in Chapter 4, Malaria.
- **Support groups.** Currently, sober patients with substance use disorders may wish to attend Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings while overseas. AA and NA maintain lists of meetings, by country, on their websites. Travelers should confirm the availability and language of meetings in advance.
- **Medical evacuation insurance.** Travelers with mental-health problems should consider purchasing international travel health and medical evacuation

policies that include coverage for psychiatric emergencies.

DURING YOUR TRIP

Take care of your health by eating healthfully and exercising regularly. Get help immediately if you feel stressed, anxious, depressed, very angry, or as if you want to hurt yourself or someone else. The U.S. Embassy in your destination (www.usembassy.gov/) can help you locate medical services and will notify your family and friends in the event of an emergency.

Seek support if you need it. Groups like Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) may have English-language meetings in your destination.

If you take medicines to treat a mental-health condition, continue your normal routine. Do not let your travels steer you off course with your treatment.

STRESSORS AND COUNTERMEASURES

Jet lag is a common, manageable stressor for most international travelers. Almost anyone visiting a foreign culture can experience culture shock. With culture shock, travelers lose their sense of mastery over their environment, and even routine tasks of everyday life become a challenge. Separation from family and support systems, unfamiliar behavior and language, and new threats to health and safety can aggravate this condition. Foreknowledge of the phenomenon will help minimize the stress experienced, as will advance the study of the culture, language, health and security threats, and their countermeasures. Fortunately, for most travelers culture, shock is a limited syndrome that does not usually go beyond variations in mood, energy, sleep, and attitudes toward the host country culture as might be seen in an adjustment disorder. Symptoms lasting beyond 12 months may require assessment.

Regular exercise, moderation in the use of intoxicants, adequate sleep and nutrition, and use of relaxation techniques such as meditation, yoga, or biofeedback can be useful methods to reduce the stress associated with international travel.

POSTTRAVEL MENTAL-HEALTH ISSUES

Travelers who witness traumatic and life-threatening events can experience acute stress disorder (ASD) or posttraumatic stress disorder (PTSD). The work performed by humanitarian aid or disaster relief workers or war correspondents increases their risk of developing subclinical or outright ASD or PTSD. If a traveler has had traumatic experiences, clinicians should inquire about:

- Recurrent, intrusive recollections, distressing dreams, and feeling as if the event is happening repeatedly
- Avoiding thoughts, feelings, activities, places, or people that lead to memories of the event
- Diminished interest in activities, inability to experience positive emotions, or an inability to remember significant details of the event
- Difficulty sleeping or concentrating irritability, or an exaggerated startle response

As symptoms of PTSD may occur months or even years after an event, education about the possibility of having such symptoms in the future is worthwhile. If there is any concern about a possible reaction to a traumatic event, referral to a mental-health professional is warranted.

Chapter 57 | Traveling with Pets

Taking your dog or cat on a flight abroad? Make sure you have your pet's documents when traveling internationally and returning home to the United States. Leave yourself plenty of time before the trip to take care of your pet's required medical care and paperwork. Remember to start the process early.

FIRST STOP—YOUR VET'S OFFICE

If you are traveling internationally, tell your veterinarian about your plans as soon as possible. Together, you can make sure your pet meets the requirements for your destination country and is healthy enough to travel. Requirements may include:

- Blood tests
- Vaccinations
- Microchips for identification

Airlines and countries often have different requirements, so make sure you know what the specific ones are.

RESEARCH HOW TO FLY WITH YOUR PET

Give yourself plenty of time to do your homework before your trip. A great place to start is the Pet Travel website of the U.S. Department of Agriculture's Animal and Plant Health Inspection Service (APHIS).

This chapter contains text excerpted from the following sources: Text in this chapter begins with excerpts from "Traveling with Pets," Centers for Disease Control and Prevention (CDC), September 1, 2016. Reviewed April 2020; Text under the heading "Animal Welfare Act" is excerpted from "Plane Talk: Traveling with Animals," U.S. Department of Transportation (DOT), July 18, 2016. Reviewed April 2020.

Airlines

Different airlines have different rules about whether and how a pet can travel. Depending on the airline, your pet may be able to travel on your flight either in the cabin or in the cargo hold. Confirm this ahead of time with your airline.

On airlines that permit pets to travel, only small dogs and cats that can fit in special carriers under the seat are allowed in the cabin. Their owners must care for them during any layovers. Some airlines may not allow them in the cabin and will transport them as cargo in a heated and ventilated hold. Cats and dogs may travel and rest better this way, since it is quieter and darker, according to the International Air Transport Association (IATA).

Another way for your pet to travel is on a separate flight as an air cargo shipment. If this is your preference or a requirement based on your dog's size or the destination country's rules, then get your pet used to the shipping kennel ahead of time. Make sure the door latches securely to avoid any mishaps in transit. Ask your veterinarian for advice about when to give food and water. If a pet is traveling as an air cargo shipment, you must make arrangements for pickup at the final destination.

Some U.S. carriers do not allow pets to be shipped between May and September, the hottest months for animals to travel in the northern hemisphere. No matter what time of year, safety is always a concern when pets travel by airplane. If absolutely necessary for a dog or cat to travel in cargo, it must be in a sturdy container with enough room to stand and sit, to turn around normally while standing, and to lie down in a natural position.

When waiting for a connecting flight, you may have to care for a pet traveling with you in the cabin, while the airline staff or ground handlers care for a pet traveling in cargo. Check with your airline(s) beforehand to see what is required.

CONSIDER YOUR PET'S COMFORT

Loading and unloading can be the most stressful part of travel for animals.

Consider these tips:

- Get your pet used to its carrier before the flight.

- Purchase flights with fewer connections or layovers.
- Pick departure and arrival times to avoid extreme heat or cold. For example, planning a nighttime arrival to a hot destination may be better for your pet.
- Consult with your veterinarian. The International Air Transport Association discourages the use of sedatives or tranquilizers because they could harm animals while in flight.
- Walk your pet before leaving home and again before checking in.
- If your pet is allowed in the cabin, check-in as late as possible to reduce stress.
- If your pet will be transported as cargo, check-in early so it can go to the quiet and dimly lit hold of the plane.

REQUIREMENTS FOR DOGS ARRIVING IN THE UNITED STATES

Whether returning or coming to the United States, all dogs must appear healthy. Dogs coming from high-risk countries must have a valid rabies vaccine certificate to enter the United States.

- Dogs must be at least 12 weeks old to get the rabies vaccination.
- If this is your dog's first rabies vaccination, you will have to wait 28 days before traveling to allow the vaccine to take effect.
- If you are not sure or do not have proof your dog was vaccinated before, have your dog vaccinated; then wait 28 days before traveling.
- If your adult dog's rabies booster is current, you can travel without waiting 28 days.
- Your dog's rabies vaccination certificate must be valid for the duration of your trip.

Some states may require other vaccinations and health certificates. Check with your destination state's health department before you leave on your trip.

Some airlines, cities, or states restrict certain breeds, so be sure to check before you travel.

The U.S. Department of Agriculture has additional restrictions for some dogs arriving in the United States, such as working dogs.

REQUIREMENTS FOR CATS ARRIVING IN THE UNITED STATES

Cats do not need rabies vaccinations to enter the United States. However, most states and many other countries require them for cats. Be sure to check your destination's requirements and ask your veterinarian before traveling.

OTHER KINDS OF PETS

If your pet is not a cat or dog, there may be different requirements. Some animals, such as primates (monkeys and apes) or African rodents, will not be allowed back into the United States. Even if they originally came from the United States, they cannot be brought back here as pets.

ILLNESS OR DEATH OF A PET DURING TRAVEL

Despite all precautions, unfortunately, pets sometimes get sick or even die on an airplane. Public-health officials are required to make sure an animal did not die of a disease that can spread to people. They may have to do an animal autopsy or conduct other tests, at your cost, to figure out the cause of death. The animal's remains often cannot be returned to you after this testing.

ANIMAL WELFARE ACT

The federal Animal Welfare Act is enforced by the Animal and Plant Health Inspection Service (APHIS) of the U.S. Department of Agriculture (USDA). Here are several of the more important requirements.

- Dogs and cats must be at least eight weeks old and must have been weaned for at least five days. Cages and other shipping containers must meet the minimum standard for size, ventilation, strength, sanitation, and design for safe handling. (Sky kennels furnished by the airlines meet these requirements.)

- Dogs and cats must not be brought to the airline for shipping more than four hours before departure. (Six hours is permitted if shipping arrangements are made in advance.)
- If puppies or kittens less than 16 weeks of age are in transit for more than 12 hours, food and water must be provided.
- Older animals must have food at least every 24 hours and water at least every 12 hours. Written instructions for food and water must accompany all animals shipped regardless of the scheduled time in transit.
- Animals may not be exposed to temperatures less than 45°F unless they are accompanied by a certificate signed by a veterinarian stating that they are acclimated to lower temperatures.
- Animals cannot be shipped collect on delivery (COD) unless the shipper guarantees the return freight should the animals be refused at the destination.

THINK OF DIFFERENT OPTIONS

Make sure your pet is healthy enough to travel by air. If you have any doubts, consider leaving your pet with a trusted friend, family member, or boarding kennel during your trip, or taking another mode of transportation.

With careful planning, your pet will arrive both at its destination and return home healthy and safe.

Part 7 | Safety and Security While Traveling at Your Destination

Chapter 58 | Visa Fraud Warning

DIVERSITY VISA

Program Scammers Sending Fraudulent E-Mails and Letters

The U.S. Department of State (DOS), Office of Visa Services, advises the public of a notable increase in fraudulent e-mails and letters sent to Diversity Visa (DV) program (Visa Lottery) applicants. The scammers behind these fraudulent e-mails and letters are posing as the U.S. government in an attempt to extract payment from DV applicants. All applicants should be familiar with information about DV scams provided by the Federal Trade Commission (FTC). Applicants are encouraged to review the rules and procedures for the DV program so that you know what to expect, when to expect it, and from whom.

While DV applicants may receive an e-mail from the U.S. government reminding them to check their status online through DV Entrant Status Check, they will not receive a notification letter or e-mail informing them that they are a successful DV entrant. Applicants can only find out if they were selected to continue with DV processing by checking their status online through the DV Entrant Status Check at www.dvlottery.state.gov.

Finally, remember that fees for the DV application process are paid to the U.S. Embassy or Consulate cashier at the time of your scheduled appointment. The U.S. government will never ask you to send payment in advance by check, money order, or wire transfer.

This chapter includes text excerpted from "Fraud Warning," Bureau of Consular Affairs, U.S. Department of State (DOS), September 28, 2019.

When entering the U.S. Diversity Visa Lottery, the most basic way to ensure you are not scammed or your entry is not disqualified is to read and follow the instructions at the Diversity Visa Program page on travel.state.gov. Just as important is, to be honest! Entering fake information or submitting fake documents may disqualify your entry or even keep you from ever going to the United States.

If at all possible, fill out the form yourself. If you need help, make sure the person helping you is entering your true information. Avoid visa consultants who offer to improve your chances by adding false information to your application. False information can disqualify you. Also, avoid visa consultants who charge money because they claim they can improve your chances of winning. The Bureau of Consular Affairs does not work with consultants and it cannot improve your chances of being selected.

Anti-Fraud Tips for Applicants

When entering, use your own e-mail address and make sure you keep the entry confirmation number. You will need the entry confirmation number to check the results to see if you have been selected. If someone is helping you to apply, make sure they give you the entry confirmation number. A free e-mail account can be set up from a computer or smartphone if you do not have one.

Only submit one entry per eligible person. If you are entered more than once, you will be disqualified. Make sure your photo was taken in the last six months. Photos more than six months old will be disqualified.

If you are selected to apply for a visa, do not add any person who is not legally your spouse or child to your visa application. Doing so may disqualify you and may keep you from ever going to the United States. If you are selected and have been pressured by a visa consultant to add people to your application who are not your legal family members, immediately inform the Consular Officer at your interview.

Table 58.1. U.S. Government Websites

Organizations	Website URLs
U.S. Embassy and Consulate	www.usembassy.gov
U.S. Department of State, Bureau of Consular Affairs (CA)	travel.state.gov
U.S. Department of State, Diversity Visa Lottery	www.dvlottery.state.gov
U.S. Department of Homeland Security (DHS)	www.dhs.gov
DHS, U.S. Citizenship and Immigration Services (USCIS)	www.uscis.gov
DHS, U.S. Customs and Border Protection (CBP)	www.cbp.gov
DHS, Immigration and Customs Enforcement (ICE)	www.ice.gov
Department of Labor (DOL)	www.doleta.gov

FREQUENTLY ASKED QUESTIONS

How Do I Know If a Website or E-Mail Is from the U.S. Government?

Internet sites ending in the ".gov" top-level domain suffix are official government websites. To link directly to the more than 200 U.S. Embassy and Consulate websites, visit www.usembassy.gov. Visa information on official U.S. government websites ending in ".gov" is official and correct. The official U.S. government e-mail addresses also end in ".gov," and any visa-related correspondence coming from an address that does not end with ".gov" should be considered suspect.

The main U.S. government websites containing official visa and immigration information, including free information and forms, are listed in Table 58.1.

Is Immigration Information on Other Websites Official?

Many other nongovernmental websites (e.g., addresses ending with ".com," ".org," or ".net") provide legitimate and useful immigration and visa-related information and services. Regardless of the content

of other websites, the DOS does not endorse, recommend, or sponsor any information or material shown on these other websites. The information provided may not be correct or up-to-date, so it should always be verified by consulting an official U.S. government source. Visa applicants are advised to be cautious in all dealings with companies that claim to offer any assistance in obtaining U.S. visas.

Where Do I Get Official Information on the Diversity Visa Program and How Do I Check My Status?

The only official information about the DV program is found on U.S. government websites ending in ".gov," such as travel.state.gov or www.dvlottery.state.gov. The only official way to apply for the DV program is directly through the official DOS website during the specified and limited registration period.

The DV program entrants must check the status of their DV lottery entry online at www.dvlottery.state.gov to find out if they were selected or not. The DOS Kentucky Consular Center (KCC) does not mail or e-mail notifications to DV entrants informing them of their winning entries.

No other organization or private company is authorized to notify DV applicants of their winning entries, or the next steps in the process. Imposters frequently contact DV applicants to extract money or personal information through websites, e-mails, and letters. Entrants should only refer to the online status, check at www.dvlottery.state.gov, or instructions on the Diversity Visa Program webpage for official information about the DV process.

How Do I Recognize Fraudulent Websites and E-Mails?

Some websites and e-mails try to mislead customers and members of the public into thinking they are official U.S. government websites. These websites are designed to appear official, and often have images of the U.S. flag, U.S. Capitol, White House, or Statue of Liberty. What these websites and e-mails are missing is the ".gov" suffix on their addresses. Remember that anything that does not end with ".gov" should be considered suspect.

What Is the Purpose of These Fraudulent Websites and E-Mails?

Some of these fraudulent organizations may require payment for immigration and visa services. If payment is made to a nongovernmental source, this payment is not received by the U.S. government and does not apply toward visa processing. Sometimes these costs are for information or forms that are otherwise available for free on official U.S. government websites. Additionally, these imposter websites and e-mails cannot provide the services they advertise and for which they require payment. For example, many fraudulent e-mails promise U.S. visas or "green cards" in return for a large fee. These nongovernmental, unofficial organizations are not able to provide these services. These services can only be obtained from official U.S. government entities such as the DOS, a U.S. Embassy or Consulate, or the U.S. Department of Homeland Security (DHS).

Finally, be wary of providing any personal information through these fraudulent websites and e-mails, since such action could result in identity fraud or theft. Visa applicants are strongly advised to be cautious in all dealings with nongovernmental companies that claim to offer any assistance in obtaining U.S. visas.

How Do I Report Internet Fraud or Unsolicited E-Mail?

If you wish to file a complaint about Internet fraud, please visit econsumer.gov, which is a joint effort of consumer-protection agencies from 17 nations, hosted by the FTC. You can also visit the Federal Bureau of Investigation (FBI) Internet Crime Complaint Center (IC3) website. To file a complaint about unsolicited e-mail, contact the U.S. Department of Justice (DOJ).

Chapter 59 | Customs and Import Restrictions

Many countries have restrictions on what you can bring into that country, including food, pets, and medications. Even over-the-counter (OTC) medications may be prohibited in some countries. Check with the foreign embassies and consulates in the U.S. to find out what is prohibited in your destination country. Foreign embassy and consulate contact information can also be found in the Country Specific Information for each country.

CUSTOMS RESTRICTIONS OF FOREIGN DESTINATIONS—WHAT YOU CANNOT TAKE OUT OF OTHER COUNTRIES

A number of countries have restrictions on what items you can export or take with you when departing that country including, but not limited to:

- Currency
- Gold and other precious metals
- Precious and semi-precious stones
- Electronic equipment not declared on arrival
- Firearms and ammunition
- Antiques
- Animal skins
- Religious artifacts and literature
- Ivory and certain other wildlife parts and products

This chapter includes text excerpted from "Customs and Import Restrictions," U.S. Department of State (DOS), November 19, 2018.

Countries may require export permits, which may take some time to process. Travelers who violate foreign customs rules can be detained at the airport, fined, have the items confiscated, and, in some cases, be sentenced to prison.

To be safe, check with foreign embassies and consulates in the United States for your destination country before you travel. You can also find general information about a foreign country's customs in the Country Specific Information provided at (travel.state.gov).

THE U.S. CUSTOMS RESTRICTIONS—WHAT YOU CANNOT BRING BACK WITH YOU

There are some items that you cannot bring into the United States, or that you can bring in only under certain conditions.

Many wildlife and wildlife products are prohibited from import into the United States. You risk confiscation and a possible fine if you attempt to bring them into the United States.

Watch out for the following prohibited items (this is an illustrative list):

- All products made from sea turtles
- All ivory, both Asian and African elephant
- Rhinoceros horn and horn products
- Furs from spotted cats
- Furs and ivory from marine mammals
- Feathers and feather products from wild birds
- Most crocodile and caiman leather
- Most coral, whether in chunks or in jewelry

For more information, you may contact the U.S. Fish and Wildlife Service, Office of Law Enforcement, at 800-344-9453, or send an e-mail to the Fish and Wildlife Service (FWS) at lawenforcement@fws.gov.

Chapter 60 | Security Screening in Airports

The Transportation Security Administration (TSA) incorporates unpredictable security measures, both seen and unseen, to accomplish its transportation security mission. Security measures begin long before you arrive at the airport. TSA works closely with the intelligence and law enforcement communities to share information. Additional security measures are in place from the time you get to the airport until you get to your destination.

The TSA adjusts processes and procedures to meet the evolving threat and to achieve the highest levels of transportation security. Because of this, you may notice changes in procedures from time to time. The TSA counts on the traveling public to report unattended bags or packages; individuals in possession of a threatening item; and persons trying to enter a restricted area or similar suspicious activities at airports, train stations, bus stops, and ports. Report suspicious activity to local law enforcement.

Passenger screening at the airport is part of the TSA's layered approach to security to get you safely to your destination. The TSA's screening procedures are intended to prevent prohibited items and other threats to transportation security from entering the sterile area of the airport and are developed in response to information on threats to transportation security.

This chapter includes text excerpted from "Security Screening," Transportation Security Administration (TSA), June 30, 2018.

CARRY-ON BAGGAGE SCREENING

Carry-On Baggage Screening in Standard Lanes

The Transportation Security Administration screens approximately 4.9 million carry-on bags for explosives and other dangerous items daily. Here is what to expect when taking your carry-on bag through security screening next time you fly.

Electronics

You will be asked to remove personal electronic devices larger than a cell phone from your carry-on bag and place them into a bin with nothing placed on or under them for x-ray screening. Common examples of these devices include laptops, tablets, e-readers, and handheld game consoles.

Note: This does not include items such as hair dryers, electric shavers, or electric toothbrushes.

Food

Listen to the instructions of the TSA officer. In most cases, food or snacks such as fruit, health bars, and sandwiches, can stay inside your carry-on bag. There are special instructions for liquids, gels, and aerosols, as well as for baby food, breast milk, and medically necessary items.

Note: A TSA officer will be available to guide you through the process.

Packing

If you are preparing for your flight, be aware that how and what you pack can impact the screening process. Be sure that you check for prohibited items and remember to follow the 3-1-1 liquids rule.

In addition to screening personal electronic devices separately, including laptops, tablets, e-readers, and handheld game consoles, the TSA officers may instruct travelers to separate other items such as foods, powders, and any materials that can clutter bags and obstruct clear images on the x-ray machine from their carry-on bags. The TSA recommends keeping your bag organized to help

ease the screening process, as it takes time for the TSA officers to make sure a jam-packed, cluttered, and overstuffed bag is safe.

CHECKED BAGGAGE SCREENING

The Transportation Security Administration screens approximately 1.4 million checked bags for explosives and other dangerous items daily. Upon check-in, your checked baggage will be provided to the TSA for security screening. Once the screening process has been completed, your airline will transport your checked baggage to your respective flight, as well as deliver it to the baggage-claim area. The majority of checked baggage is screened without the need for a physical bag search.

Inspection Notices

The TSA may inspect your checked baggage during the screening process. If your property is physically inspected, the TSA will place a notice of baggage inspection inside your bag. This is to inform you that an officer conducted an inspection of your property.

Claims

If your property is lost or damaged during the screening process, you may file a claim with the TSA. If your property is lost or damaged during transport to the plane or baggage claim, please contact your airline. The TSA has entered into an agreement to provide Rejjee® with a list of Lost and Unclaimed Property (LUP) items found by the TSA, that they will make available through their website in order to facilitate the matching of LUP information with claimants. The TSA has no position on the validity or effectiveness of any commercial services offered by Rejjee®.

Locks

The TSA has been provided universal "master" keys under agreements with Safe Skies Luggage Locks and Travel Sentry so that certain branded locks may not have to be cut to inspect baggage. These locks are commercially available, and packaging on the locks

should indicate they may be opened by the TSA officers. The TSA has no position on the validity or effectiveness of these products as a security measure and will be forced to remove these products if necessary during the inspection.

Monitoring

Responsibilities for access control and video monitoring of checked baggage facilities fall to individual airports as part of their security plan. Methods of monitoring vary from airport to airport and may include closed-circuit television (CCTV).

INTERNATIONAL FLIGHTS

The TSA works closely with international partners to maintain aviation security standards abroad.

The U.S. Department of Homeland Security (DHS) is actively working to raise the baseline for aviation security across the globe by requiring the implementation of enhanced security measures, both seen and unseen, at approximately 280 foreign airports with direct commercial flights to the United States, in more than 100 countries around the world.

What to Expect

If you are flying from any of the last-point-of-departure airports into the United States, you may experience a more extensive screening process and should prepare for additional screening of your property and personal electronic devices. The TSA recommends arriving early at the airport to allow enough time for the screening process. Please know, there are no changes to items allowed in carry-on and checked baggage.

For your convenience, the TSA encourages you to place powder-like substances over 12 oz./350 mL in your checked bags. Powders in carry-on baggage may require secondary screening, and powders that cannot be resolved by security officials are prohibited from the cabin of the aircraft effective June 30, 2018.

Note: Check with your airline if you have questions about your flight to the United States.

Electronics Restriction

There are currently no airlines under restrictions for large personal electronic devices.

Overseas Foods and Goods

Visit the U.S. Customs and Border Protection (CBP) Know Before You Go page (www.cbp.gov/travel/us-citizens/know-before-you-go) for information on what you can bring upon entry to the United States.

Hazardous Materials

Most hazardous materials are forbidden in carry-on and checked baggage. There are a few exceptions for some personal items such as toiletries, medicines, battery-powered electronics, and assistive devices.

PAT-DOWN SCREENING

Pat-down procedures are used to determine whether prohibited items or other threats to transportation security are concealed on the person. You may be required to undergo a pat-down procedure if the screening technology alarms are triggered, as part of unpredictable security measures, for enhanced screening, or as an alternative to other types of screening, such as advanced imaging technology (AIT) screening. Even passengers who normally receive expedited screening, such as TSA PreV® passengers, may at times receive a pat-down.

A pat-down may include inspection of the head, neck, arms, torso, legs, and feet. This includes head coverings and sensitive areas such as breasts, groin, and buttocks. You may be required to adjust clothing during the pat-down. The officer will advise you of the procedure to help you anticipate any actions before you feel them. Pat-downs require sufficient pressure to ensure detection, and areas may undergo a pat-down more than once for the TSA officer to confirm no threat items are detected.

The Transportation Security Administration officers use the back of the hands for pat-downs over sensitive areas of the body.

In limited cases, additional screening involving a sensitive area pat-down with the front of the hand may be needed to determine that a threat does not exist.

You will receive a pat-down by an officer of the same gender. The TSA officers will explain the procedures to you as they conduct the pat-down. Please inform an officer if you have difficulty raising your arms or remaining in the position required; an external medical device; or areas of the body that are painful when touched. You may request a chair to sit if needed.

At any time during the process, you may request private screening accompanied by a companion of your choice. A second officer of the same gender will always be present during private screening.

SCREENING TECHNOLOGY

The Transportation Security Administration uses millimeter wave AIT and walk-through metal detectors to screen passengers. Millimeter wave AIT safely screens passengers without physical contact for metallic and nonmetallic threats, including weapons and explosives, which may be concealed under clothing. Generally, passengers undergoing screening will have the opportunity to decline AIT screening in favor of physical screening. However, some passengers will be required to undergo AIT screening if their boarding pass indicates that they have been selected for enhanced screening, in accordance with the TSA regulations, prior to their arrival at the security checkpoint. This will occur in a very limited number of circumstances. The vast majority of passengers will not be affected.

Safety

Advanced imaging technology is safe and meets national health and safety standards. This technology uses nonionizing radio-frequency energy in the millimeter spectrum with no known adverse health effects. It does not use x-ray technology.

Privacy

The TSA has strict privacy standards when using AIT to protect your privacy. Advanced imaging technology uses automated target

recognition software that eliminates passenger-specific images and instead auto-detects potential threats by indicating their location on a generic outline of a person. The generic outline is identical for all passengers.

Secure Flight

Secure Flight is a risk-based passenger prescreening program that enhances security by identifying low- and high-risk passengers before they arrive at the airport by matching their names against trusted traveler lists and watchlists.

To protect privacy, the Secure Flight program collects the minimum amount of personal information such as full name, date of birth, and gender, necessary to conduct effective matching. Read the Privacy Impact Assessment (PIA) and the System of Records Notice (SORN) for information about the program's rigorous privacy protections. Personal data is collected, used, distributed, stored, and disposed of according to stringent guidelines.

Secure Flight transmits the screening instructions back to the airlines to identify low-risk passengers eligible for TSA PreV®; individuals on the Selectee List who are designated for enhanced screening; and those who will receive standard screening. Secure Flight also prevents individuals on the No-Fly List and Centers for Disease Control and Prevention (CDC) Do Not Board List from boarding an aircraft. The Travel Redress Program provides resolution for travel-related screening or inspection issues.

STANDARD AND TSA PreV® SCREENING

Standard screening requires that you remove all items and place them on the x-ray belt for screening. With TSA PreV®, you are able to speed through security and do not need to remove your shoes, laptops, liquids, belts, and light jackets. Learn about how you can receive expedited screening with TSA PreV® (www.tsa.gov/precheck).

Note: The TSA uses unpredictable security measures throughout the airport and no individual is guaranteed expedited screening.

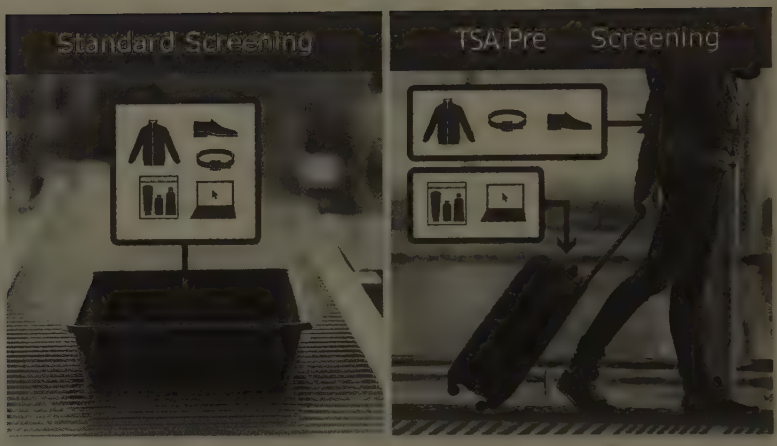

Figure 60.1. Standard and TSA PreV® Screening

Chapter 61 | Cybersecurity Tips while Abroad

When traveling internationally, remember that your mobile phone and other personal communication devices transmit and store your personal information, which is as valuable as the contents of your suitcase, and possibly more so.

BEFORE YOU GO

Take proactive steps to secure your devices and your personally identifiable information (such as your name, address, date of birth, and Social Security Number (SSN)) before you travel. Leave at home any electronic equipment you do not need during your travel. And, if you take it, protect it. Be sure to:

- Back up your electronic files
- Remove sensitive data
- Install strong passwords
- Confirm antivirus software is up-to-date

WHILE TRAVELING

Be vigilant about your surroundings and where and how you use your devices. Make sure to:

- Keep your devices secure in public places such as airports, hotels, and restaurants.
- Take care that nobody is trying to steal information from you by spying on your device screen while it is in use.

This chapter includes text excerpted from "Cybersecurity Tips for International Travelers," Federal Communications Commission (FCC), January 2, 2020.

- Consider using a privacy screen on your laptop to restrict visibility.

BE CAUTIOUS WHILE USING PUBLIC WI-FI

Some threats—device theft, for example—are obvious. Others, though, will be invisible, such as data thieves trying to pick off passwords to compromise your personally identifiable information or access your accounts. You may be especially vulnerable in locations with public Wi-Fi, including Internet cafes, coffee shops, book stores, travel agencies, clinics, libraries, airports, and hotels. Some helpful tips:

- Do not use the same passwords or personal identification number (PIN) numbers abroad that you use in the United States.
- Do not use public Wi-Fi to make online purchases or access bank accounts.
- When logging into any public network, shut off your phone's auto-join function.
- While using a pubic Wi-Fi network, periodically adjust your phone settings to disconnect from the network, then log back in again.
- Try purposely logging onto the public Wi-Fi using the wrong password. If you can get on anyway, that is a sign that the network is not secure.

Remember also to avoid using public equipment—such as phones, computers, and fax machines—for sensitive communications.

WHEN YOU GET HOME

Electronics and devices used or obtained abroad can be compromised. Your mobile phone and other electronic devices may be vulnerable to malware if you connect with local networks abroad. Update your security software and change your passwords on all devices on your return home.

Chapter 62 | Travel Safety for Women

Many women travel safely each year without incident. However, when it comes to health and security, women travelers are more likely to be affected by the religious and cultural beliefs of foreign countries they visit. The truth is that women face greater obstacles, especially when traveling alone.

GENERAL TIPS

Before You Go

Know the location of the closest U.S. Embassy or Consulate for your destination.

Research Your Destination

Visit the U.S. Department of State's (DOS) official website, Travel.State.Gov, where you will find Country Information for every country of the world and contact information for the closest U.S. Embassy and/or Consulate. You will also find information about visa requirements, safety and security conditions, crime, health, and medical considerations, local laws, areas to avoid, and more. Most foreign countries require a valid passport to enter and leave. Some countries may require a woman to have a male escort to leave a country.

This chapter includes text excerpted from "Women Travelers," Bureau of Consular Affairs (CA), U.S. Department of State (DOS), April 20, 2018.

Pack Accordingly

Each country that you visit will have different local laws and customs about women's clothing and appearance. For example, what you wear in a mall in Mexico might not be acceptable in a mall in the United Arab Emirates (UAE).

Be Aware of Your Surroundings

Women travelers should understand the cultural norms of the country they will be visiting. Pay attention to local laws and customs because they can be quite different from the United States, especially if you intend to travel alone. Avoid dark, isolated areas at night.

The safety of public transportation varies from country to country. In many places, informal taxis or minibuses pose particular threats to people unfamiliar with the local conditions, especially to women traveling alone. Find out from reliable sources, such as local authorities or tourism officials, what is and is not safe.

Create Boundaries

Be cautious when sharing information about your plans and itinerary with strangers. Do not feel the need to be overly polite if you are bothered by someone. While it may seem rude to be unfriendly to a stranger, creating boundaries to protect yourself is important. Use facial expressions, body language, and a firm voice to fend off any unwanted attention.

SEXUAL ASSAULT

What Is Sexual Assault?

Sexual assault is generally used to describe a broader range of sexual offenses that involve touching or penetration of an intimate part of a person's body without consent. Sexual assault includes rape, forced sodomy, forced oral copulation, and sexual battery (the unwanted touching of an intimate part of another person for the purpose of sexual arousal or sexual gratification).

Who Does Sexual Assault Affect?

While the majority of reported sexual-assault victims are female, approximately 10 to 20 percent of victims are male. Most men will not report being assaulted for the same reasons as female victims: fear of being ignored and disbelieved and/or a sense of shame.

What to Do If You or Someone You Know Is a Victim of Sexual Assault Overseas

If you or someone you know is facing or has been a victim of sexual assault overseas, please contact the Office of Overseas Citizens Services at 888-407-4747 (from overseas: 202-501-4444) or the closest U.S. Embassy or Consulate.

FEMALE GENITAL MUTILATION/CUTTING

It is a federal crime to perform female genital mutilation/cutting (FGM/C) in the United States on any minor younger than 18 years of age, punishable by fines, or up to five years in prison, or both.

It is also a criminal offense to knowingly take a girl younger than 18 years of age outside of the United States for the purpose of performing FGM/C (so-called "vacation cutting").

What Is Female Genital Mutilation/Cutting?

The term "female genital mutilation" (also called "female genital cutting" and "female genital mutilation/cutting") refers to all procedures involving partial or total removal of the external genitalia or other injuries to the female genital organs for nonmedical reasons. FGM/C is often identified as a cultural or traditional practice.

Who Does Female Genital Mutilation/Cutting Affect?

Girls and women who are most at risk are those born to families that have emigrated from countries where FGM/C is practiced.

Why Does Female Genital Mutilation/Cutting Occur?

FGM/C is often identified as a cultural or traditional practice. The practice is most common in the western, eastern, and north-eastern

regions of Africa, in some countries in Asia and the Middle East, and among migrants from these areas to north America and Europe.

What to Do If You or Someone You Know Is a Victim or about to Be a Victim of Female Genital Mutilation/Cutting Overseas?

If you or someone you know is facing or has been a victim of FGM/C overseas, please contact the Office of Overseas Citizens Services at 888-407-4747 (from overseas: 202-501-4444) or the closest U.S. Embassy or Consulate.

FORCED MARRIAGE

What Is a Forced Marriage?

A forced marriage is a marriage without the consent of one or both parties. Duress, often by family members, is a factor. An arranged marriage, common in many cultures, is not the same as a forced marriage because the bride and groom agree that they want to be married. In a forced marriage, family members may threaten the forced marriage victim, physically abuse her or him, or even threaten them with death.

International law recognizes the right of men and women of marriageable age to marry, and states that "no marriage shall be entered into without the free and full consent of the intending spouses."

Who Does Forced Marriage Affect?

Forced marriage cases do not just affect female victims; there is evidence to suggest that 15 percent of the cases involve male victims. It also affects children and is considered a form of child abuse.

Why Does a Forced Marriage Occur?

In some instances, forced marriage can take the place of a dowry as there can be immigration benefits to a foreign national when marrying a U.S. citizen.

Forced marriages may also occur if the family feels as if their child or family member is straying too far from their cultural values.

What to Do If You or Someone You Know Is or About to Be a Victim of Forced Marriage Overseas?

If you or someone you know is facing or has been a victim of forced marriage overseas, please contact the Office of Overseas Citizens Services at 888-407-4747 (from overseas: 202-501-4444) or the U.S. Embassy or Consulate nearest to you.

DOMESTIC VIOLENCE

What Is Domestic Violence?

Domestic violence is a pattern of coercive behavior using intimidating, threatening, harassing, or harmful behavior that occurs between two people in a marriage or other form of an intimate relationship.

It may also involve physical, sexual, emotional, psychological abuse and/or financial or economic abuse. Domestic violence may also occur within same sex relationships. Children living in an abusive home may also be victims of physical abuse or they may suffer emotional consequences from witnessing violence.

Why Does Domestic Violence Occur?

Domestic violence crosses economic, educational, cultural, racial, and religious lines. It can occur in any intimate relationship, including marital, cohabiting, or dating, as well as heterosexual or same sex relationships or among relatives in the same household. According to the U.S. Department of Justice Bureau of Justice Statistics, more than 85 percent of violent victimizations by intimate partners between 1993 and 1998 were perpetrated against women.

What to Do If You or Someone You Know Is a Victim or About to Be a Victim of Domestic Violence Overseas?

If you or someone you know is facing or has been a victim of domestic violence overseas, please contact the Office of Overseas Citizens Services at 888-407-4747 (from overseas: 202-501-4444) or the U.S. Embassy or Consulate nearest to you.

Chapter 63 | Lost or Stolen Passport Abroad

The U.S records and information technology (IT) systems do not connect to the records or systems of outside companies. No one can access the records or obtain copies of a U.S. citizen's records by using a passport number.

No one can travel internationally using only a U.S. passport number. Travelers must present an original, physical version of a U.S. passport book or U.S. passport card upon entering a foreign country and when returning to the United States from a foreign country.

The U.S. passport book and passport card are highly secure documents with numerous security features designed to prevent successful counterfeiting.

It is not recommended to report your U.S. passport lost or stolen if your passport number was compromised. You should only report your U.S. passport lost or stolen if the original, physical version of the passport book or passport card has been lost or stolen. Once you report a U.S. passport lost or stolen, it is invalid and cannot be used for international travel.

WHAT SHOULD A U.S. CITIZEN DO IF HER/HIS PASSPORT IS LOST OR STOLEN ABROAD?

You will have to replace the passport before returning to the United States. Contact the nearest U.S. Embassy or Consulate for assistance. Contact information for U.S. Embassies and Consulates is

This chapter includes text excerpted from "Lost or Stolen Passports Abroad," Bureau of Consular Affairs (CA), U.S. Department of State (DOS), January 23, 2013. Reviewed April 2020.

available in the country information pages at travel.state.gov. Ask to speak to the Consular Section to report your passport lost or stolen. If you have been the victim of a serious crime, be sure to tell a consular officer about it as soon as possible so they can provide appropriate assistance. If you are scheduled to leave a foreign country shortly, please provide the consular staff with the details of your travel. Every effort will be made to assist you quickly. You will also be directed to where you can obtain a photo for your replacement passport. In most cases, you will need to get a passport photo prior to your arrival at the consular section.

If you are notified by a relative or friend traveling abroad that her or his U.S. passport has been lost/stolen, you may wish to contact the Office of Overseas Citizens Services, U.S. Department of State (DOS) in Washington, DC, at 888-407-4747. That office will be able to help you put your friend or loved one in touch with the closest U.S. Embassy or Consulate. Your relative/friend must apply in person for a new passport at the U.S. Embassy or Consulate.

WHAT DO I NEED TO REPLACE MY PASSPORT OVERSEAS?

The following list identifies a number of documents/items you should take with you to the embassy/consulate. Even if you are unable to present all of the documents, the consular staff will do their best to assist you to replace your passport quickly.

Please provide:

- A passport photo (one photo is required; get it in advance to speed the process of replacing your passport)
- Identification (driver's license, expired passport, etc.)
- Evidence of U.S. citizenship (birth certificate, photocopy of your missing passport)
- Travel itinerary (airline/train tickets)
- Police report, if available
- DS-11 application for passport (may be completed at the time of application)
- DS-64 statement regarding a lost or stolen passport (may be completed at the time of application)

Statement Regarding a Lost or Stolen Passport

When you report the loss or theft of your passport, you must complete a statement describing the circumstances under which it was lost or stolen. You can use the DOS form DS-64 for this purpose.

Police Report

A police report is not mandatory but can help confirm the circumstances of the loss or theft. You are encouraged to report the loss or theft of your U.S. passport to the local police in the country where the loss or theft occurred. However, do not spend time obtaining a police report if doing so will cause you to miss a flight or delay your travel unreasonably.

HOW LONG IS A REPLACEMENT PASSPORT VALID?

Replacement passports are normally valid for a full 10 years for adults or five years for minors. However, if you have urgent travel plans, emergency passport can be produced more quickly to allow you to return to the United States or continue on your trip. Once you return home, you can turn in your emergency passport and receive a full-validity passport.

Other complicating factors, such as multiple lost/stolen passports or borrowing money from the State Department to fund your trip home, may cause you to receive a limited passport. If you received a limited passport because of multiple lost/stolen passports or an outstanding loan, you will need to resolve those issues with the State Department before you can be issued a new passport.

ARE FEES CHARGED TO REPLACE LOST/STOLEN PASSPORTS ABROAD?

The normal passport fees are collected from applicants for replacement passports. Applicants unable to pay the fee will be asked to provide names of persons they feel would be able to assist them financially.

However, in certain extraordinary circumstances, such as:

- The applicant is the victim of a serious crime; or

- The applicant is a victim of a disaster; or
- The applicant does not have and cannot reasonably be expected to obtain money to pay the fees before continuing travel, the passport fee may be waived and a limited-validity passport will be issued. When the person applies for a full-validity passport upon their return to the United States, the regular passport fee will be charged for the replacement passport.

CAN THE U.S. EMBASSY ISSUE A REPLACEMENT PASSPORT ON A WEEKEND OR HOLIDAY?

Most U.S. Embassies and Consulates cannot issue passports on weekends or holidays when the embassy/consulate is closed. All U.S. Embassies and Consulates have after-hours duty officers available to assist with life or death emergencies of U.S. citizens abroad. Contact the nearest U.S. Embassy or Consulate after-hours duty officer for assistance if you have an emergency need to travel or have been the victim of a serious crime.

Duty officers must focus primary attention on life or death emergencies. In most cases, except for serious emergencies, a replacement passport will not be issued until the next business day.

Chapter 64 | Driving and Road Safety Abroad

Are you thinking about driving in another country? If so, know that road conditions, laws, and driving norms in other countries can be very different from those in the United States. Poor road maintenance, lack of signs, vehicle safety, and insurance coverage are just some things you should consider. And remember to buckle up, no matter where you are.

Read about road safety in your destination country before you go and keep these things in mind when planning your trip:

- Potential hazards and dangerous road conditions
- Local roads or areas to avoid
- Availability of roadside assistance
- Need for spare tires, fuel, and a map
- Local laws and driving culture—Get information from the country's embassy or consulates in the United States, foreign government tourism offices, or from a car rental company in the foreign country
- Local emergency numbers
- Vehicle safety considerations, including seat belts
- Documents to carry, including any special road permits

INTERNATIONAL DRIVING PERMITS

It is illegal to drive without a valid license and insurance in most countries. You should check with the embassy of the country you

This chapter contains text excerpted from the following sources: Text in this chapter begins with excerpts from "Driving and Road Safety Abroad," Bureau of Consular Affairs (CA), U.S. Department of State (DOS), July 27, 2018; Text beginning with the heading "A Look at the Statistics" is excerpted from "International Road Safety," Centers for Disease Control and Prevention (CDC), January 8, 2018.

plan to visit or live in to find a specific driver's license requirements. Many countries do not recognize a U.S. driver's license, but most accept an International Driving Permit (IDP). IDPs may not be valid the whole time you stay abroad and may only be valid with a U.S. or local license.

You can get an IDP before you leave through these automobile associations:

- American Automobile Association (AAA)
- American Automobile Touring Alliance (AATA)

AUTO INSURANCE

In general, your U.S. auto insurance policy does not cover you abroad. However, it may when you drive to Canada and Mexico. Check with your insurance company before you go.

Even if your policy is valid in a particular country, it may not meet their minimum requirements. If you are underinsured, you can usually buy additional auto insurance in the United States or in your destination country.

Car rental companies overseas can usually provide auto insurance, but in some countries the required coverage is minimal. In that case, consider buying insurance coverage equal to what you carry at home.

JUST THE STATS

Each year, 1.3 million people are killed and 20 to 50 million are injured in motor vehicle crashes worldwide. Most (85%) of these casualties occur in low- or middle-income countries, and 25,000 of the deaths are among tourists. Nearly half of medical evacuations back to the United States are the result of a car crash, and a medical evacuation can cost upwards of $100,000.

WHY ARE CAR CRASHES A RISK FOR TRAVELERS?

More and more people are driving cars and riding motorcycles in developing countries, and these countries are an increasingly common destination for U.S. tourists. Roads in these countries may be poorly maintained, and traffic laws may be haphazardly followed or

enforced. A crash in a developing country is more likely to be fatal because emergency care may not be readily available. It may take a long time to get to a center that can provide appropriate care, and care, where available, may not be up to the U.S. standards.

Tourists may get behind the wheel in a foreign country without being adequately informed of local traffic laws, they may not be accustomed to driving on the left, or they may be driving vehicles (such as rented motorcycles or scooters) that they do not know how to properly operate. In addition, the excitement of being on vacation may encourage travelers to engage in risky behaviors, such as drinking and driving, that they would never do at home.

WHAT CAN I DO TO AVOID A CRASH?

Take the following steps to minimize your risk of being injured in a crash while you are on vacation:

- Always wear seatbelts and put children in car seats.
- When possible, avoid riding in a car in a developing country at night.
- Do not ride motorcycles. If you must ride a motorcycle, wear a helmet.
- Know local traffic laws before you get behind the wheel.
- Do not drink and drive.
- Ride only in marked taxis that have seatbelts.
- Avoid overcrowded, overweight, or top-heavy buses or vans.
- Be alert when crossing the street, especially in countries where people drive on the left.

Following these tips is the best way you can keep from getting in a motor vehicle crash and ensure a safe and healthy vacation. (But, do not forget your travel vaccines, either!)

Chapter 65 | Avoiding Animal and Insect Bites

Animals can be cute, and you may want to pet them, but any animal, even if it appears to be friendly or harmless, can be dangerous. Any animal can bite, scratch, kick, or otherwise injure you, even if you did nothing to provoke it. Animals are often frightened of humans or trying to protect their territory or their young, so stay away from all animals. Some diseases can cause an animal to behave aggressively toward people, even if it had previously been friendly. Never try to pet, handle, or feed unfamiliar animals, even pets as they may not be vaccinated against rabies and other diseases.

IF YOU ARE BITTEN OR SCRATCHED

Immediately wash the wound with plenty of soap and water, and see a doctor as soon as possible. Rabies is spread by the saliva of an infected animal. It is almost always fatal if an exposed person is not promptly given rabies shots. In some countries, the treatment needed after a bite may not be available. Medical evacuation insurance will cover the cost of a flight to a place where you can get the best care. The only way to prevent rabies (other than vaccination) is to avoid being bitten, scratched, or licked by any animal.

In many countries, the risk of rabies is similar to the United States, including most of Europe, Japan, Canada, and Australia. However, in many other parts of the world, rabies in dogs is still a problem, and access to preventive treatment may be hard. These

This chapter contains text excerpted from the following sources: Text in this chapter begins with excerpts from "Be Safe Around Animals," Centers for Disease Control and Prevention (CDC), October 31, 2017; Text under the heading "Avoid Bug Bites" is excerpted from "Avoid Bug Bites," Centers for Disease Control and Prevention (CDC), January 3, 2020; Text under the heading "Tick Bites" is excerpted from "Diseases Spread by Ticks," Centers for Disease Control and Prevention (CDC), October 23, 2017.

areas include much of Africa, Asia, Central America, and South America. If traveling to a country where there is an increased risk of rabies, especially in dogs, rabies vaccination may be recommended before your trip. Your healthcare provider may recommend rabies vaccine, particularly if you fall into the following groups:

- People staying a long time in a high-risk area
- People involved in outdoor activities, such as camping or caving, where they might come into contact with animals, such as bats
- People whose jobs will put them at risk (such as veterinarians or wildlife personnel)
- Some children (they tend to play with animals and so are at higher risk)

Even if you have been vaccinated against rabies, you still must get treatment as soon as possible if you are exposed to an animal that might have rabies. Preexposure vaccination will simplify your treatment after being bitten, and it may buy you more time to seek care, but it does not eliminate the need to be treated.

In addition to the risk of rabies, all animal bites carry a risk of bacterial infection. Tetanus vaccination is also recommended if you have not recently had one.

If you become ill during or after your trip, and you came into contact with an animal while traveling, make sure to tell your healthcare provider about your contact with animals.

DOGS AND CATS

The main threat from dogs and cats is rabies. Rabies is spread in the saliva of an infected animal, so the only way to prevent it (other than vaccination) is to avoid being bitten, scratched, or licked by any animal. Although any mammal can get rabies, dogs are responsible for most rabies deaths.

MONKEYS AND APES

Monkeys can spread rabies, and they can also transmit serious infections such as Ebola and similar viruses, herpes B virus, and

tuberculosis (TB). If you are traveling to places where monkeys roam wild, such as some temples in Southeast Asia, never touch or feed monkeys. They can also be aggressive if they smell food in your pockets or bags, so do not bring food with you.

BATS

Bats often have rabies, and they do not just live in caves—they could find their way into your place of lodging. If you find a bat in your room after you wake up, you should consult with a trusted health authority to discuss your risk of rabies.

Because bat bites are small, you may not notice being bitten. Some people trivialize bat bites because they are small and do not cause much discomfort. Do not make this mistake. Always seek medical advice if you have been bitten by a bat or even if you have thought you may have been bitten by one.

Bats also can spread diseases, such as histoplasmosis and Marburg fever. Stay away from caves or mines where there are a lot of bats. Rabies vaccine may be recommended for people who will be exploring caves.

RODENTS

Rodents, such as rats and mice, can spread many diseases through bites and scratches, urine, feces, or fleas. These diseases include plague, leptospirosis, hantavirus disease, and rickettsial disease. Avoid places that look like they may be infested with rodents and do not touch anything that may be contaminated with rodent urine or feces.

AVOID BUG BITES

Bugs, including mosquitoes, ticks, fleas, and some flies, can spread diseases such as malaria, yellow fever, Zika, dengue, chikungunya, and Lyme, all of which have the risk of severe and lasting consequences. Several diseases such as Zika, dengue, and Lyme, are spread by bug bites and cannot be prevented or treated with vaccines or medicine. Reduce your risk of getting these diseases by taking steps to prevent bug bites.

CHECK YOUR DESTINATION FOR HEALTH RISKS

Find out what shots, medicines, or advice can help you to prevent bug-bite diseases where you are going.

Prevent Bug Bites during Your Trip

USE INSECT REPELLENT

- Use EPA-registered insect repellents with one of the following active ingredients: N, N-diethyl-meta-toluamide (DEET), picaridin, IR3535 (ethyl butyl acetylamino propionate), oil of lemon eucalyptus (OLE), para-menthane-diol (PMD), or 2-undecanoate. Find an EPA-registered insect repellent that is right for you.
- The effectiveness of insect repellents not registered with the EPA, including some natural repellents, is not known.

HOW TO APPLY INSECT REPELLENT

- Always follow the product label instructions.
- Reapply as directed.
- If you are also using sunscreen, apply sunscreen first, and insect repellent second.
- Do not spray repellent on the skin under clothing.

APPLICATION INSTRUCTIONS FOR CHILDREN

- Dress your child in clothing that covers arms and legs.
- Cover strollers and baby carriers with mosquito netting.
- When using insect repellent on your child:
  - Always follow label instructions.
  - Do not use products containing OLE or PMD on children under three years of age.
  - Do not apply insect repellent to a child's hands, eyes, mouth, cuts, or irritated skin.
  - **Adults:** Spray insect repellent onto your hands and then apply to a child's face.

PERMETHRIN

Treat clothing and gear (such as boots, pants, socks, and tents) with 0.5 percent permethrin (an insecticide). You can buy pre-treated clothes or treat your own clothes. If treating items yourself, follow instructions carefully. Do not use permethrin directly on the skin.

COVER EXPOSED SKIN

Wear long-sleeved shirts and long pants. Some bugs, such as tsetse flies, can bite through the thin fabric.

AVOID BUGS WHERE YOU ARE STAYING

Choose hotel rooms or other accommodations that are air-conditioned or have window and door screens with no holes, so bugs cannot get inside. If bugs can get into where you are sleeping, sleep under a permethrin-treated bed net that can be tucked under the mattress.

OTHER BUGS TO CONSIDER AT YOUR DESTINATION

- Bed bugs
- Ticks
- Fleas

TICK BITES

Diseases spread by ticks are among the most common travel-related illnesses. Often overlooked, these diseases are frequently seen in travelers returning from safaris and other outdoor activities. Check for ticks after being outside, and removing any attached ticks are essential steps in preventing tick-borne disease.

Preventing Tick Bites

No vaccine is available in the United States to prevent diseases spread by ticks; however, you can take steps to reduce your risk of getting a tick bite:

Figure 65.1. How to Remove a Tick

- **Dress appropriately**, wear light-colored clothing, wear long pants and sleeves, tuck in shirts, tuck pants into socks, and wear closed-toe shoes.
- **Use insect repellents** on the skin that contain at least 20 percent DEET. ("Natural" products, such as citronella, are not effective.)
- **Use permethrin-treated clothing and gear,** or treat your gear and clothing with permethrin before departure.
- **Stay out of tall grass, brush, or heavily wooded areas;** walk in the center of hiking trails.

Checking for Ticks

It can take several hours for a tick to attach and begin transmitting the disease, so the sooner the tick can be found and removed, the better. Checking for ticks frequently increases the likelihood of finding a tick before it can transmit the bacteria. Bathe or shower as soon as possible after coming indoors. Then do a full-body tick

check with a handheld or full-length mirror. Parents should check their children for ticks under the arms, in and around the ears, inside the belly button, behind the knees, between the legs, around the waist, and especially in their hair. Examine gear and pets; ticks can ride into the home on clothing and pets, and then attach to a person later. Last, tumble clothes in a dryer on high heat for an hour to kill remaining ticks.

Removing Ticks

If you find a tick, use tweezers to grasp it as close to the skin as possible. Pull upward with steady, even pressure. Do not twist or jerk the tick; this can cause the mouth-parts to break off and remain in the skin. If this happens, remove the mouth-parts with tweezers. If you are unable to remove the mouth-parts easily with clean tweezers, leave it alone and let the skin heal. After removing the tick, thoroughly clean the bite area and your hands with rubbing alcohol, an iodine scrub, or soap and water.

Symptoms of Diseases Spread by Ticks

Common symptoms include:

- Fever/chills
- Headache
- Fatigue
- Muscle or joint pain
- Rash

Contact your doctor if you feel seriously ill, especially if you have a fever. Tell your doctor about your travel history, including what countries you visited and what you did there. Be sure to mention if you remember seeing or being bitten by a tick. Keep in mind that symptoms can appear after you return home or while abroad.

Chapter 66 | Food and Water Safety

Contaminated food or drinks can cause travelers' diarrhea and other diseases. Travelers to developing countries are especially at risk. Reduce your risk by sticking to safe eating and drinking habits.

FOOD

Usually Safe

HOT FOOD

High heat kills the germs that cause travelers' diarrhea, so food that is cooked thoroughly is usually safe as long as it is served to steaming hot. Be careful of food that is cooked and allowed to sit at warm or room temperatures, such as on a buffet. It could become contaminated again.

DRY OR PACKAGED FOOD

Most germs require moisture to grow, so food that is dry, such as bread or potato chips, is usually safe. Additionally, food from factory-sealed containers, such as canned tuna or packaged crackers, is safe as long as it was not opened and handled by another person.

Can Be Risky

RAW FOOD

Raw food should generally be avoided. Raw fruits or vegetables may be safe if you can peel them yourself or wash them in safe

This chapter contains text excerpted from the following sources: Text in this chapter begins with excerpts from "Food and Water Safety," Centers for Disease Control and Prevention (CDC), February 20, 2020; Text under the heading "Water Disinfection" is excerpted from "Water Disinfection," Centers for Disease Control and Prevention (CDC), February 20, 2020.

(bottled or disinfected) water. Steer clear of platters of cut-up fruit or vegetables. (Did you see the hands that cut them? Can you be sure those hands were clean?) Salads are especially problematic because shredded or finely cut vegetables offer a lot of surface area for germs to grow on. Also, avoid fresh salsas or other condiments made from raw fruits or vegetables. Raw meat or seafood may contain germs; this includes raw meat that is "cooked" with citrus juice, vinegar, or other acidic liquid (such as ceviche, a dish of raw seafood marinated in citrus juice).

STREET FOOD

Street vendors in developing countries may not be held to the same hygiene standards as restaurants (which may be low, to begin with), so eat food from street vendors with caution. If you choose to eat street food, apply the same rules as to other food; for example, if you watch something come straight off the grill (cooked and steaming hot), it is more likely to be safe.

BUSHMEAT

Bushmeat refers to local wild game, generally, animals not typically eaten in the United States such as bats, monkeys, or rodents. Bushmeat can be a source of animal-origin diseases, such as Ebola or severe acute respiratory syndrome (SARS), and is best avoided.

DRINKS

Usually Safe

BOTTLED OR CANNED DRINKS

Drinks from factory-sealed bottles or cans are safe; however, dishonest vendors in some countries may sell tap water in bottles that are sealed with a drop of glue to mimic the factory seal. Carbonated drinks, such as sodas or sparkling water, are safest since the bubbles indicate that the bottle was sealed at the factory. If drinking directly from a can, wipe off the lip of the can before your mouth comes into contact with it.

HOT DRINKS

Hot coffee or tea should be safe if it is served to steaming hot. It is okay to let it cool before you drink it, but be wary of coffee or tea that is served only warm or at room temperature. Be careful about adding things that may be contaminated (cream, lemon) to your hot drinks (sugar should be fine; see "Dry food" above).

MILK

Pasteurized milk from a sealed bottle should be okay, but watch out for milk in open containers (such as pitchers) that may have been sitting at room temperature. This includes the cream you put in your coffee or tea. People who are pregnant or have weakened immune systems should stay away from unpasteurized milk or other dairy products (cheese, yogurt).

ALCOHOL

The alcohol content of most liquors is sufficient to kill germs; however, stick to the guidelines above when choosing mixers and avoid drinks "on the rocks" (see "Ice" below). The alcohol content of beer and wine is probably not high enough to kill germs, but if it came from a sealed bottle or can, it should be okay.

Can Be Risky

TAP WATER

In most developing countries, tap water should probably not be drunk, even in cities. This includes swallowing water when showering or brushing your teeth. In some areas, it may be advisable to brush your teeth with bottled water. Tap water can be disinfected by boiling, filtering, or chemically treating it, for example with bleach or another chlorine product.

FOUNTAIN DRINKS

Sodas from a fountain are made by carbonating water and mixing it with flavored syrup. Since the water most likely came from the tap, these sodas are best avoided. Similarly, juice from a fountain

is most likely juice concentrate mixed with tap water and should be avoided.

ICE

Avoid ice in developing countries; it was likely made with tap water.

FRESHLY SQUEEZED JUICE

If you washed the fruit in safe water and squeezed the juice yourself, drink up. The juice that was squeezed by unknown hands may be risky. The same goes for ice pops and other treats that are made from freshly squeezed juice.

WATER DISINFECTION

Travelers who are heading to remote places to camp or hike or staying in locations with unknown water quality may need to disinfect their drinking water. Bottled water is a convenient solution, but plastic bottles create an ecological problem. Some methods to ensure safe drinking water is described below.

Heat

Most germs die quickly at high-temperatures. Water that has been boiled for one minute is safe to drink after it has cooled. If no other means of water treatment is available, an alternative to boiling is to use tap water that is too hot to touch, which is probably at a temperature between 131°F (55°C) and 140°F (60°C). This temperature may be adequate to kill pathogens if the water has been kept hot for some time. Travelers with access to electricity can bring a small electric heating coil or a lightweight beverage warmer to boil water.

Filtering

A variety of filters are available from camping stores. Most have filter sizes between 0.1 and 0.4 microns, which will remove bacteria from water but may not remove viruses. Reverse osmosis filters remove bacteria and viruses and can also remove salt from water, which is important for ocean voyagers.

Chemicals

Tablets or packets of powder can be bought at camping stores to disinfect water. These usually combine chemical disinfectants (such as chlorine or iodine) with a substance that makes the water clear and improves its taste. Follow the instructions on the package closely—you may need to wait several hours until all the germs are killed. Household bleach can also be used to disinfect water.

Ultraviolet Light

Portable units that deliver a measured dose of ultraviolet (UV) light are effective to disinfect small quantities of clear water. However, this technique is less effective in cloudy water because small particles may shield germs from the light.

Solar Radiation

In emergencies, sunlight in the UVA range can substantially improve the quality of water. In cloudy weather, water must be placed in the sun for two consecutive days.

Solar disinfection is not effective on cloudy, opaque water. If the headlines in a newspaper cannot be read through the bottle of water, the water must be clarified before solar irradiation is used.

Chapter 67 | Water Sports Safety Abroad

If you will be spending time in or around water on your next international trip, be cautious when swimming, boating, or diving, particularly in developing countries where emergency services may not be quickly accessible.

Drowning accounts for 13 percent of deaths in United States travelers abroad. It is the leading cause of death in United States travelers visiting countries where water-related activities are popular such as Fiji, the Bahamas, Jamaica, and Costa Rica. Whether you will be swimming in a lavish hotel pool in Europe or scuba diving off the Great Barrier Reef, follow these tips to stay healthy and safe on your trip.

PREVENT INJURY AND DROWNING

- Learn about health and safety risks at your destination.
  - Research local water conditions, currents, and rules before you get in the water.
  - Ask about local sea animals such as urchins, jellyfish, coral, and sea lice. A sting from a sea creature could be fatal, or at least spoil your trip with severe pain.
  - Use experienced guides when boating, scuba diving, or participating in other water-related activities.
- Be aware of your surroundings.

This chapter includes text excerpted from "Water Safety Abroad," Centers for Disease Control and Prevention (CDC), June 19, 2018.

- Pay attention to colored beach flags posted on the beach, which indicate if it is safe to swim or not. Make sure you understand and follow these local warnings.
- Watch for signs of rip currents (water moving quickly away from the shore), which can forcefully pull you in. If you are caught in a rip current, swim parallel to the shore until free from the rip current, then swim diagonally toward the shore.

- Take steps to prevent injury.
  - Use proper safety equipment, such as life jackets.
  - Never swim alone or in unfamiliar waters. Even if you are a strong swimmer, circumstances beyond your control (such as rip currents) can kill.
  - To lower your risk of drowning, do not drink alcohol before or during swimming, diving, or boating. Alcohol affects balance, coordination, and judgment. Among adolescents and adults, alcohol use is involved in up to 70 percent of deaths associated with water recreation.
  - Do not dive in shallow water. Always enter water feet first.
  - Be aware of hidden obstacles (such as rocks or fallen trees) in the water that could cause injury.
  - Supervise children closely around water. Drowning is a leading cause of death for children ages 1 to 14.

AVOID GERMS IN THE WATER

Take steps to prevent infections that can spread from contact with water.

- Contaminated fresh water can cause infections, such as schistosomiasis and leptospirosis.
- Do not swallow the water. It may have harmful germs.
- Do not swim or wade:
  - Near storm drains
  - In water that may be contaminated with sewage, human or animal feces, and urine, or wastewater runoff
  - In lakes or rivers after heavy rainfall

  - In freshwater streams, canal, and lakes—especially in areas where schistosomiasis is common, such as the Caribbean, South America, Africa, and Asia
  - In warm seawater, if you have open cuts or wounds. Breaks in the skin can let harmful germs into your body.
- Protect the health of others by not swimming if you have diarrhea. Any amount of infected fecal matter can contaminate an entire pool or hot tub and make others sick if they swallow the water.
- To find out if the water at your next destination carries a risk for these infections, search your destination (wwwnc.cdc.gov/travel/destinations/list) and check the link to "Stay Healthy and Safe," where you will find precautions for staying safe around water (under "Stay safe outdoors").

Chapter 68 | Caution on Counterfeit Medicines during Travel

COUNTERFEIT MEDICINES

Counterfeit, or fake, medicines are manufactured using incorrect or harmful ingredients. These medicines are then packaged and labeled to look like the real thing. Counterfeit medicines are unsafe because they may not work and could harm you.

Counterfeiting happens all over the world, but it is most common in countries where there are few or no rules about making drugs. An estimated 10 to 30 percent of medicines sold in developing countries are counterfeit. In the industrialized world (countries such as the United States, Australia, Japan, Canada, New Zealand, and those in the European Union), estimates suggest that less than one percent of medicines sold are counterfeit.

The only way to know if a drug is counterfeit is through chemical analysis done in a laboratory. Counterfeit drugs may look strange or be in poor-quality packaging, but they often seem identical to the real thing. The only way to make sure you have the real thing is to bring all the drugs you will need during your trip with you from the United States, rather than buying them while you are traveling.

This chapter contains text excerpted from the following sources: Text under the heading "Counterfeit Medicines" is excerpted from "Counterfeit Medicines," Centers for Disease Control and Prevention (CDC), October 23, 2017; Text beginning with the heading "Avoiding Poorly Regulated Medicines and Medical Products during Travel" is excerpted from "Perspectives: Avoiding Poorly Regulated Medicines and Medical Products during Travel," Centers for Disease Control and Prevention (CDC), June 24, 2019.

If an emergency occurs and you must buy drugs during your trip, you can reduce your chances of buying drugs that are counterfeit by:

- Buying medicines only from licensed pharmacies and getting a receipt. Do not buy medicines from open markets.
- Asking the pharmacist whether the drug has the same active ingredient as the one that you were taking.
- Making sure that the medicine is in its original packaging.
- Looking closely at the packaging. Sometimes poor-quality printing or otherwise strange-looking packaging will indicate a counterfeit product.

AVOIDING POORLY REGULATED MEDICINES AND MEDICAL PRODUCTS DURING TRAVEL

In many low- to middle-income countries, national drug regulatory authorities lack the resources to monitor and enforce drug quality standards effectively and to keep poor-quality products (including drugs, vaccines, and medical devices) off the market. As a result, substandard and fake medicines are a public-health concern in these locations. Many of these poor-quality products are also trafficked by pharmacy websites that appear to be reputable or located in countries with mature regulatory systems.

Poor regulatory oversight breeds poor-quality medicines, whether they are counterfeit, falsified, substandard, or degraded. A report from the World Health Organization (WHO) states that 1 in 10 medical products circulating in low- and middle-income countries are either substandard or falsified. Another study found that 9 percent to 41 percent of tested drugs failed quality specifications. In specific regions in Africa, Asia, and Latin America, the chance of purchasing a counterfeit drug may be greater than 30 percent.

Since counterfeit drugs are not made by a legitimate manufacturer and are produced under unlawful circumstances, toxic contaminants or lack of proper ingredients may cause serious harm. For example, the active pharmaceutical ingredient may be

completely lacking, present in small quantities, or substituted with a less effective compound. In addition, the wrong inactive ingredients (excipients) can contribute to poor drug dissolution, bioavailability, and toxicity. As a result, a patient may not respond to treatment or may have adverse reactions to unknown substituted or toxic ingredients.

Vaccines and other products such as insecticide-treated mosquito nets, water purification devices, condoms, and disinfectants are also subject to quality problems and counterfeiting. Vaccine integrity depends on a temperature-controlled supply chain, and, unlike medicines with stated amounts of active ingredients, the potency of vaccines is difficult to monitor, and therefore, easy to counterfeit. For example, the WHO recently reported that falsified hepatitis B vaccines were circulating in Uganda. Insecticide-treated nets must meet standards to protect against diseases, such as malaria; substandard nets were recently implicated as a cause of increased malaria incidence in Rwanda.

HOW TO AVOID COUNTERFEIT DRUGS WHEN TRAVELING

The best way to avoid counterfeit drugs is to reduce the need to purchase medications abroad. Anticipated amounts of medications for chronic conditions (such as hypertension, diabetes, or arthritis), medications for travelers' diarrhea, and prophylactic medications for infectious diseases (such as malaria) should all be purchased before traveling. Purchasing these drugs online is not recommended since the source of the medicines is always questionable. The traveler should also be aware that other health-related items such as medical devices, mosquito nets, and insect repellents obtained abroad could also be counterfeit, falsified, or substandard.

Before departure, travelers should do the following:

- Obtain all medicines and other health-related items needed for the trip in advance. Prescriptions written in the United States usually cannot be filled overseas, and although many U.S. prescription medications may be available for purchase over-the-counter (OTC) in foreign countries, some may not be available at all. Checked baggage can get lost; therefore, travelers

should pack medications and first aid items in a carry-on bag, and bring extra medicine in case of travel delays.

- Make sure medicines are in their original containers. If the drug is a prescription, the patient's name and dose regimen should appear on the container.
- Bring the "patient prescription information" sheet. This sheet provides information on common generic and brand names, use, side effects, precautions, and drug interactions.
- Because many countries have restrictions on medicines (including over-the-counter medications) entering their borders, travelers should check with the embassies of their destination countries for prohibited items.

If travelers run out and require additional medications, they should take steps to ensure the medicines they buy are safe.

- **Obtain medicines from a legitimate pharmacy.** Patients should not buy from open markets, street vendors, or suspicious-looking pharmacies; they should request a receipt when making the purchase. The U.S. Embassy or Consulate may be able to help locate legitimate local pharmacies.
- **Do not buy medicines that are substantially cheaper than the typical price.** Although generics are usually less expensive, many counterfeit brand names are sold at prices substantially lower than normal.
- **Make sure the medicines are in their original packages or containers.** Travelers receiving medicines as loose tablets or capsules supplied in a plastic bag or envelope should ask the pharmacist to see the container from which the medicine was dispensed. The traveler should record the brand, batch number, and expiration date. Sometimes a wary consumer will prompt the seller into supplying quality medicine.
- **Be familiar with medications.** The size, shape, color, and taste of counterfeit medicines may be different

from the authentic product. Discoloration, splits, cracks, spots, and stickiness of the tablets or capsules are indications of a possible counterfeit. These defects may also indicate improper storage. Travelers should keep examples of authentic medications to compare if they purchase the same brand.

- **Be familiar with the packaging.** Different color inks, poor-quality printing or packaging materials, and misspelled words are clues to counterfeit drugs. Travelers should keep an example of packaging for comparison and observe the expiration date.

If the authentic packaging is unavailable or if the traveler is not familiar with the brand, she or he should compare the distinguishing features of the package with that of the insert or blister pack. For example, batch and lot numbers, manufacturing date, and expiration date should match.

Chapter 69 | Alcohol and Drugs Overseas

When traveling overseas, it is important to obey the laws and regulations of the country you are visiting, especially those pertaining to drug and alcohol use. Every year, many American students are arrested abroad on drug charges or because of their behavior under the influence. Ignorance of the law is no excuse, so be informed.

AVOID UNDERAGE AND EXCESSIVE ALCOHOL CONSUMPTION

Many arrests, accidents, and violent crimes have occurred as a result of alcohol abuse. While abroad, driving under the influence and drinking on the street or on public transportation may be considered criminal activities by local authorities, as they would be in many places in the United States.

MAKE SURE YOUR PRESCRIPTION MEDICATION IS NOT CONSIDERED AN ILLEGAL NARCOTIC

If you are going abroad with a preexisting medical condition, you should carry a letter from your doctor describing your condition and medications, including the generic names of prescribed drugs. Any medications carried overseas should be in their original containers and clearly labeled. Check with the foreign country's embassy here in the United States to make sure your medications are not considered illegal narcotics. Go to (www.studentsabroad.state.gov) for a listing of foreign consulates and embassies in the United States.

This chapter includes text excerpted from "Alcohol and Drugs Overseas," Bureau of Consular Affairs, U.S. Department of State (DOS), December 2007. Reviewed April 2020.

DO NOT ACCEPT PACKAGES FROM ANYONE

Some Americans think it is a good idea to take advantage of an offer for an all-expense paid vacation abroad in exchange for carrying a small package in their luggage. If you are caught, ignorance is no excuse. If the package contains illegal drugs or substances, the fact that you did not know will not reduce the charges. You could miss your flight, your exams, or several years of your life during a stay behind bars.

DO NOT IMPORT, PURCHASE, USE, OR HAVE DRUGS IN YOUR POSSESSION

Drug charges can carry severe consequences, including imprisonment without bail for up to a year before a case is tried, physical abuse, and sentences ranging from fines and jail time to years of hard labor. Some crimes even carry the death penalty. Contraband or paraphernalia associated with illegal drug use can also get you in trouble.

Chapter 70 | Preventing Sexually Transmitted Diseases

An estimated one in five travelers say they had sex with a new partner while in a foreign country. The excitement of being in another country and meeting new people may encourage travelers to do things they would not do at home. Travelers who have unprotected sex (whether vaginal, anal, or oral sex) are at risk for sexually transmitted diseases (STD) and infections (STI), including human immunodeficiency virus (HIV), chlamydia, syphilis, and gonorrhea. Many STDs can occur without any signs or symptoms, so you may not realize that you or your partner is infected. While most STDs are treatable—some can cause serious health problems if left untreated. Preventing an STI is always best.

WHAT CAN YOU DO TO PREVENT SEXUALLY TRANSMITTED DISEASES?

If you have sex, use a condom every time, from start to finish. This includes vaginal, oral, or anal sex.

The only sure way to prevent an STD is to not have sex, including oral sex. However, if you are sexually active, here are other steps you can take to protect yourself:

- Consider getting vaccinated for hepatitis A and hepatitis B before you travel.

This chapter includes text excerpted from "Sexually Transmitted Diseases," Centers for Disease Control and Prevention (CDC), May 4, 2018.

- Ask your doctor about an HPV (human papillomavirus) vaccine.
- Bring condoms from the United States, because those in other countries may not be up to the U.S. quality standards.
- Do not assume your partner is STD free because she or he does not mention it. STDs are often asymptomatic. Talk openly with her or him about your STD and HIV status and date of the last testing.
- Be cautious when having sex after drug or alcohol use. If you use alcohol or other drugs, you are more likely to take risks like not using a condom or like having sex with someone you normally would not have sex with.

WHAT ARE THE SYMPTOMS OF SEXUALLY TRANSMITTED DISEASES?

The symptoms of STDs are different depending on the infection. In fact, many STDs do not cause any symptoms at all. When symptoms do occur, you may experience:

- Pain when you urinate or have sex
- Discharge from the vagina, penis, or anus
- Unexplained rash, sore, or ulcer on your skin, genitals, or throat
- Jaundice (yellow color of the skin and eyes)

WHAT DO YOU DO IF YOU THINK YOU HAVE A SEXUALLY TRANSMITTED DISEASE?

If you are sexually active, talk to your doctor about getting tested for STDs. Make sure to have an open and honest conversation with your doctor about your sexual history so she or he can determine the right STD tests for you.

Treating STDs early is important to prevent more serious and long-term complications, and to prevent spreading the infection to your partners. If you think you have an STD:

- Do not have sex.
- If you feel sick during your trip and think you may have an STD, see a doctor or nurse as soon as possible.

- Tell the doctor about your recent sexual history and international travel (because some STDs may be more common in other countries).
- If your doctor diagnoses you with an STD, notify your recent sex partner(s). Your partner(s) may also be infected and not know it and may need to get tested and treated.

Chapter 71 | Arrest or Detention Abroad

One of the highest priorities of the U.S. Department of State (DOS) and the U.S. Embassies and Consulates abroad is to provide assistance to U.S. citizens incarcerated abroad. The DOS is committed to ensuring fair and humane treatment for U.S. citizens imprisoned overseas. They stand ready to assist incarcerated citizens and their families within the limits of their authority in accordance with international, domestic, and foreign law.

TIPS TO AVOID ARREST OVERSEAS

- Understand that you are subject to the local laws and regulations while visiting or living in the country—follow them.
- Learn which laws might be different from the laws in the United States. The Bureau of Consular Affairs provides some information for each country on the DOS Country Information pages at travel.state.gov.

IN CASE OF AN ARREST OVERSEAS

- Ask the prison authorities to notify the U.S. Embassy or Consulate.
- Reach out to the closest U.S. Embassy or Consulate to let DOS know of the arrest.

This chapter includes text excerpted from "Arrest or Detention of a U.S. Citizen Abroad," Bureau of Consular Affairs, U.S. Department of State (DOS), June 12, 2014. Reviewed April 2020.

CONSULAR ASSISTANCE TO U.S. PRISONERS

When a U.S. citizen is arrested overseas, she or he may be initially confused and disoriented. They may be in unfamiliar surroundings and may not know the local language, customs, or legal system.

Bureau of Consular Affairs Can

- Provide a list of local attorneys who speak English
- Contact family, friends, or employers of the detained U.S. citizen (with their written permission)
- Visit the detained U.S. citizen regularly and provide reading materials and vitamin supplements, where appropriate
- Ensure that prison officials are providing appropriate medical care
- Provide a general overview of the local criminal justice process
- Upon request, ensure that prison officials permit visits with a member of the clergy of the religion of the detainee's choice
- Establish an Overseas Citizens Services (OCS) Trust, if necessary, so friends and family can transfer funds to imprisoned U.S. citizens

Bureau of Consular Affairs Cannot

- Get U.S. citizens out of jail
- State to a court that anyone is guilty or innocent
- Provide legal advice or represent U.S. citizens in court
- Serve as official interpreters or translators
- Pay legal, medical, or other fees

Chapter 72 | Tips for Staying Safe while Camping

GET VACCINATED

Vaccinations can help protect against certain diseases and conditions while camping. Check with your doctor or nurse to see if you have had all of the recommended vaccines. She or he may recommend tetanus, pertussis (whooping cough), meningitis, and/or hepatitis A, depending on your medical history, destination, and other factors.

PREPARE SAFE FOOD AND WATER

Bring safe and healthy foods along on your camping trip. Eating contaminated food and drinking contaminated water can increase the risk of developing certain infectious diseases caused by germs.

Follow these steps to keep your food and water safe:

- Pack foods in tight, waterproof bags or containers. Keep them in an insulated cooler.
- Wash hands and surfaces often. Use hand sanitizer if water is not available.
- Separate raw foods from cooked foods.

This chapter includes text excerpted from "Camping Health and Safety Tips," Centers for Disease Control and Prevention (CDC), December 23, 2015. Reviewed April 2020.

- Cook foods to proper temperatures (for instance, ground beef should be cooked to an internal temperature of at least 160 degrees).
- Chill foods promptly.

INCLUDE SAFE PHYSICAL ACTIVITIES

Camping is a great way to get physical activity. Do things such as walking, hiking, biking, or swimming to stay active during your camping trip. Be sure to bring protective gear such as helmets, sturdy shoes, and life jackets. Avoid poisonous plants like poison ivy, poison oak, and poison sumac. Know your limits, and take steps to avoid injury during activities. Never hike or swim alone. Watch kids closely. Adults should get at least 2½ hours a week and kids should get at least one hour a day of physical activity.

PROTECT AGAINST CARBON MONOXIDE POISONING

Carbon monoxide is odorless and colorless and can cause illness or death in people and pets. Never use fuel-burning equipment such as gas stoves, heaters, lanterns, and charcoal grills inside a tent, camper, or other enclosed shelter. It can cause dangerous levels of carbon monoxide to build up.

As alternative heat sources to fuel-burning appliances inside an enclosed shelter, campers should bring adequate bedding and clothing and should consume extra calories and fluids during the outing to prevent hypothermia (a dangerous loss of body warmth that can cause death).

AVOID WILD ANIMALS, AND PROTECT FAMILY PETS

Some wild animals carry diseases that are dangerous to people. Avoid touching, feeding, and getting near wild animals. Enjoy watching them from a safe distance in their natural surroundings. Keep foods stored in sealed containers and out of the reach of animals. Make sure your family pets are vaccinated and always keep a close eye on them. Check for ticks, and remove them promptly. Make sure pets have plenty of water, food, and shelter.

FIGHT THE BUG BITE

Mosquitoes, ticks, and other insects can cause certain diseases. To help fight the bite, apply insect repellent containing DEET to exposed skin. Be sure to follow directions on the package. Check for ticks daily, and remove them promptly. Wear long sleeves, pants, and other light-colored clothing to help prevent and spot ticks more easily.

PREVENT TEMPERATURE-RELATED ILLNESS

To help prevent hypothermia during cool nights, bring adequate bedding and clothing to stay warm. Use a plastic ground cloth under your tent to help keep you dry. To help prevent heat-related illness during hot days, drink plenty of alcohol-free and sugar-free fluids. Do not wait until you are thirsty to drink. Wear layers of light-weight, light-colored, and loose-fitting clothing. Rest often in shady areas. Protect yourself from too much sun.

PROTECT YOURSELF FROM THE SUN

Protection from ultraviolet (UV) radiation is important all year. UV rays from the sun can reach you on cloudy and hazy days, as well as bright and sunny days. Use a broad-spectrum (against UVA and UVB rays) sunscreen and lip screen with at least SPF 15. Seek shade, especially during midday hours, when the sun's rays are strongest. Cover up with clothing, a wide-brimmed hat, and sunglasses.

AVOID WATER-RELATED ILLNESS AND INJURY

Camping often includes playing in and around the water. To help protect yourself and your fellow campers from illness, do not swim if you have diarrhea, and do not swallow the water you swim in. Take a shower before and after swimming. Never swim alone. If you plan to ride in a boat, canoe, or other water vehicles, be sure to wear a life jacket.

BE PREPARED

Always prepare for the unexpected. Before you leave, check the weather report, learn about security at your camp location, and tell

family and friends your plans. Know what to do when toilets are not available. Be sure to bring along a supply kit that includes a first aid kit, compass or GPS, map, flashlight, blankets, batteries, food, water, clothes, and medications. Know who to contact at the camp to report issues that may come up. When you return home, check for ticks, skin rashes or sunburn, dehydration, and other problems.

Chapter 73 | Staying Safe Outdoors

GENERAL SAFETY

The most effective way to prevent mishaps is to adequately prepare for the trip. Knowledge of the area, weather, terrain, limitations of your body, plus a little common sense can help to ensure a safe and enjoyable trip.

- **Travel with a companion.** You do not want to be by yourself in case of an emergency. Leave a copy of your itinerary with a responsible person. Include such details as the make, year, and license plate of your car, the equipment you are bringing, the weather you have anticipated, and when you plan to return. If you will be entering a remote area, your group should have a minimum of four people; this way, if one is hurt, another can stay with the victim while two go for help. If you will be going into an area that is unfamiliar to you, take along someone who knows the area or at least speak with those who do before you set out. If an area is closed, do not go there. Know ahead of time the location of the nearest telephone or ranger station in case an emergency does occur on your trip.
- **Be in good physical condition.** Set a comfortable pace as you hike. A group trip should be designed for the weakest member of the group. If you have any medical

This chapter includes text excerpted from "Travel Advisories: Outdoor Safety," U.S. Forest Service (USFS), U.S. Department of Agriculture (USDA), December 16, 2013. Reviewed April 2020.

conditions, discuss your plans with your healthcare provider, and get approval before departing. Make sure you have the skills you need for your camping or hiking adventure. You may need to know how to read a compass, erect a temporary shelter, or give first aid. Practice your skills in advance. If your trip will be strenuous, get into good physical condition before setting out. If you plan to climb or travel to high altitudes, make plans for proper acclimatization to the altitude.

- **Think about your footing while traveling near cliffs.** Trees and bushes cannot always be trusted to hold you. Stay on developed trails or dry, solid rock areas with good footing.
- **Wear appropriate clothing** for the trail conditions and season.
- **Check your equipment.** Keep your equipment in good working order. Inspect it before your trip. Do not wait until you are at the trailhead. Be sure to pack emergency signaling devices.
- **Be weather-wise.** Keep an eye on current and predicted weather conditions. Weather can change very quickly. Know the signs for approaching storms or changing weather conditions. Avoid bare ridge tops, exposed places, lone trees, streams, and rocks during lightning storms. Find shelter in a densely forested area at a lower elevation. Even in the summer, exposure to wind and rain can result in hypothermia.
- **Learn basic first aid** so you will know how to identify and treat injuries and illnesses. Carry a first aid kit with you. Learn how to identify the symptoms of heat exhaustion, heatstroke, hypothermia, and dehydration, and know how to treat them.
- **Make camp before dark.** Traveling after darkness has resulted in many accidents from falls, so travel only during daylight. Set up camp well away from the edge of cliffs, and learn the terrain during daylight. If you

have to leave camp after dark, stay in areas you have seen in daylight, go with a friend, and always use a good flashlight.

- **Be alert for slippery areas and take your time to avoid tripping.** Low-hanging branches and variable terrains make running unsafe, and leaves can hide slippery areas underneath.
- **Alcohol and cliffs do not mix!** If you drink, stay away from the cliffs. Judgment, agility, and balance are all reduced by alcohol consumption.
- **Think before you drink!** No matter how clean or pure stream water looks, it is likely to contain water-borne parasites and microorganisms that can cause discomfort and sometimes serious illness. Pack your water in, or purify through a chemical treatment.

TRAIL TIPS

- **Before starting out, do warm-up exercises.** Stretching gradually increases heart rate, temperature, and circulation to your muscles. Also, after a night's rest, your muscles need warming. Stretching gets the body going and increases your flexibility.
- **Start out slowly,** gradually increasing your pace and distance traveled.
- **Let the slowest person** in your hiking, paddling, and biking or cross-country skiing party set the pace. This is especially important when children are a part of your group.
- **Plan the trip ahead of time and assign tasks** that people enjoy. If someone does not cook, do not force her or him. The goal is to have a good time outdoors.
- **Take turns leading** the group and sharing decision-making responsibilities.
- **Hike, bike, or ski** only on marked trails in wilderness areas unless bushwhacking is allowed and you have excellent navigation skills.

- **Hike and travel in groups** as much as possible, especially during winter and in hazardous terrain.
- **Leave your itinerary** with a friend or family member and check-in with them upon your return.
- **Learn basic repair skills** for changing a bike tire, fixing a backpack, or mending a snowshoe. Remember to take repair kits on your trail.
- **Mountain weather** is generally cooler, cloudier, and windier than in lowland areas. For every 1,000 feet of elevation, the temperature often drops three to five degrees. Thus, it is best to dress in layers. Polyester clothing worn closest to your skin will trap warm air next to the skin and transfer or wick body moisture away.
- **Wear sunglasses** and a hat or visor when you hike, ski, or paddle. Snow blindness, caused by the sun's glare on snow, can also be caused by sunlight reflecting off water and boulders. Keep your eyes and face covered, especially during your first few days outdoors.
- **Bring sunscreen** no matter the season. You can get painful sunburn even in subfreezing temperatures.
- **Bring a customized first aid kit** tailored to your outing.
- **Develop an emergency plan before you start your trip.** Make sure everyone knows what to do if they become lost or a medical emergency arises. Give children whistles with the instructions to "stop and blow" if they become lost.
- **Take frequent rests** or vary your pace to recover from strenuous activity spurts. A steady pace will get you there with less discomfort than the sprint-and-catch-your-breath approach.
- **Drink plenty of water.** Water is heavy to carry, but thirst on the trail is a hazard. Take a tip from athletes: before a hike, drink some water so you are well hydrated and energized. Never drink your total supply between refills.
- **Backcountry water supplies are unpredictable.** It is better to arrive at a gushing stream with 1/3 quart of water left, than to arrive at an empty stream and have no water left at all. Treat or filter all water.

- **Pack carbohydrate-energy bars, granola, candy, or fruit.** They provide an instant pick-me-up on the trail.
- **Give yourself about two hour's daylight to set up camp.**
- Many national parks and forests and many state parks prohibit dogs. **Be sure to keep pets on leashes** in restricted areas, especially in cattle and sheep country. Bring water for pets and make sure they have nametags. Watch for injuries to your dog's footpads in rocky areas, on ice, or in extremely hot terrain.
- **Pay attention to local regulations,** particularly concerning campfires. In many desert or drought areas, fires are prohibited and you must use a camp stove.

CAMPING TIPS

Whether you are roughing it in a tent or planning a family outing to a national forest, there are many ways to make sure your experience is fun and safe. Consider the following safety tips:

- **Pack a first aid kit.** Your kit can prove invaluable if you or a member of your group suffers a cut, bee sting, or allergic reaction. Pack antiseptics for cuts and scrapes, tweezers, insect repellent, bug spray, a snake bite kit, pain relievers, and sunscreen.
- **Bring emergency supplies.** In addition to a first aid kit, this includes a map, compass, flashlight, knife, waterproof fire starter, personal shelter, whistle, warm clothing, high energy food, water, and insect protection.
- **Learn the ABC's of treating emergencies.** Recognizing serious injuries will enable you to attend to a victim until medical help arrives.
- **Before you leave, find out the weather report.** When you arrive at the site, watch the skies for changes and carry a compact weather radio. In inclement weather, find shelter until the worst passes. Stay dry—wet clothes contribute to heat loss. Also, keep sleeping bags and important gear dry at all times.

- **Build fires in a safe area.** Your open fires and fuel-burning appliances must be far enough away from the tent to prevent ignition from sparks, flames, and heat. Never use a flame or any other heating device inside a tent. Use a flashlight or battery-powered light instead.
- **Make sure your fires are always attended.** Be sure you have an area for a fire that cannot spread laterally or vertically—a grill or stone surface is ideal. When putting the fire out, drown it with water, making sure all embers, coals, and sticks are wet. Embers buried deep within the pile have a tendency to reignite later.
- **Pitch your tent in a safe spot.** Make sure your tent is made of a flame-retardant fabric, and set up far enough away from the campfire. Keep insects out of your tent by closing the entrance quickly when entering or leaving.
- **Be cautious when using a propane stove.** Read the instructions that come with the stove and propane cylinder. Use the stove as a cooking appliance only—never leave it unattended while it is burning.
- **Beware when encountering wildlife.** To ward off bears, keep your campsite clean, and do not leave food, garbage, coolers, cooking equipment, or utensils out in the open. Remember that bears are potentially dangerous and unpredictable—never feed or approach a bear. Use a flashlight at night—many animals feed at night and the use of a flashlight may warn them away.

LIGHTNING

High on the list of activities where people are injured by lightning are mountain hiking, climbing, camping, fishing, boating, and golfing.

Many vacationers are unaware of the measures they can take to lower their risk of being struck. They should educate themselves about lightning strikes. They should be near safe shelter and try to avoid high terrain, golf courses, and bodies of water during high lightning activity (late morning to evening).

- **If you are caught above the tree line** when a storm approaches, descend quickly. Avoid isolated trees. It is better to run into a forest.
- **Electric storms** can also develop in the middle of the night. To lower your odds, do not pitch your tent near the tallest trees in the vicinity.
- **Hikers, golfers**, and others should run into a forest if a shelter or car is not nearby.
- **Drop metal objects** such as golf clubs, tennis rackets, umbrellas, and packs with internal or external metal frames.
- **Get off bicycles, motorcycles, horses, and golf carts.** Metal bleachers at sports events, metal fences, and utility poles are also to be avoided.
- **If you are caught in an open field**, seek a low spot. Crouch with your feet together and head low.
- **If someone is struck**—People who have been hit by lightning carry no electric charge and can be safely tended to. Also, victims who appear dead can often be revived. If the person is not breathing, begin mouth-to-mouth resuscitation. But, if a pulse is absent as well and you know cardiopulmonary resuscitation (CPR), begin CPR. Stay with the victim until help arrives.
- **Do not sit or lie down**, because these positions provide much more contact with the ground, providing a wider path for lightning to follow. If you are with a group and the threat of lightning is high, spread out at least 15 feet apart to minimize the chance of everybody getting hit.
- **Do not return to an open area too soon**. People have been struck by lightning near the end of a storm, which is still a dangerous time.
- **Swimmers, anglers, and boaters** should get off lakes or rivers and seek shelter when storms approach. Drop any fishing rods. Boaters who cannot get off the water before the storm hits should crouch low. Once on land, get at least 100 yards away from shore.

Remember, this information is not intended as a substitute for medical treatment. If you have a health-related concern, consult a physician. Also, the tips discussed here may lower injury risk, but the unpredictability of lightning affords no guarantees.

IF YOU GET LOST

- **Pay close attention** to your surroundings and landmarks, and relate this to your location on a map.
- **Stay calm if you get lost.** Panic is your greatest enemy. Try to remember how you got to your present location.
- **Trust your map and compass**, and do not walk aimlessly. If you are on a trail, do not leave it.
- **Stay put if it is nightfall**, if you are injured, or if you are near exhaustion.
- **As a last resort**, follow a drainage or stream downhill. This can be hard going but will often lead to a trail or road.

CHECKLIST

Pack the essentials and be prepared for minor injuries, sudden weather changes, or delays. The following are items you should include in your pack:

- Candle
- Clothing (always bring something warm, extra socks, and rain gear)
- Compass
- First aid kit
- Food (bring extra)
- Flashlight
- Foil (to use as a cup or signaling device)
- Hat
- Insect repellent
- Map
- Nylon filament
- Pocket knife
- Pocket mirror (to use as a signaling device)

- Prescription glasses (an extra pair)
- Prescription medications for ongoing medical conditions
- Radio with batteries
- Space blanket or a piece of plastic (to use for warmth or shelter)
- Sunglasses
- Sunscreen
- Trash bag (makes an adequate poncho)
- Water
- Waterproof matches or matches in a waterproof tin
- Water purification tablets
- Whistle (to scare off animals or to use as a signaling device)

Chapter 74 | Death during Travel

Death of a friend, relative, or coworker can be immensely distressing. The situation is aggravated when death occurs abroad, where grieving people may be unfamiliar with local processes, language, and culture. Whether dealing with the death locally or from their home country, next of kin could face large, unanticipated costs, and labor-intensive administrative steps. Depending on the circumstances surrounding the dead, some countries may require an autopsy. Besides relatives, sources of support include the local consulate or embassy, travel insurance provider, tour operator, faith-based and aid organizations, and the deceased's employer. There likely will need to be an official identification of the body. A body can be identified by witness statements of those who knew the person well, analyzing deoxyribonucleic acid (DNA) samples, checking fingerprints, reviewing dental radiographs, or inspecting surgical implants.

DEATH ONBOARD A CONVEYANCE

The Federal Aviation Administration (FAA) requires that flight attendants receive training in cardiopulmonary resuscitation (CPR) and in the proper use of an automated external defibrillator (AED) at least once every two years. Under federal law, there are Good Samaritan protections for actions brought in a federal or state court

This chapter contains text excerpted from the following sources: Text in this chapter begins with excerpts from "Death during Travel," Centers for Disease Control and Prevention (CDC), June 24, 2019; Text under the heading "Death Abroad" is excerpted from "Death Abroad," Bureau of Consular Affairs, U.S. Department of State (DOS), September 19, 2015. Reviewed April 2020; Text under the heading "U.S. Citizen Deaths Overseas" is excerpted from "U.S. Citizen Deaths Overseas," Bureau of Consular Affairs, U.S. Department of State (DOS), August 29, 2019.

resulting out of acts or omissions when people assist in a medical emergency during flight unless there is gross negligence or willful misconduct. If CPR is performed in the aircraft cabin, once it has been continued for 30 minutes or longer with no signs of life within this period, and no shocks advised by an AED, the person may be presumed dead and resuscitation efforts halted. Airlines may choose to specify additional criteria, depending upon the availability of a ground-to-air medical consultation service or a physician aboard.

Cruise ships are usually better equipped than aircraft and carry medical professionals to provide clinical care. If the death occurs on a cruise ship despite medical interventions, the crew is usually able to provide logistic support to repatriate the body. Cruise ships are equipped with morgues and carry body bags.

The U.S. regulations require that all deaths aboard commercial flights and ships destined for the United States be reported to the Centers for Disease Control and Prevention (CDC).

OBTAINING U.S. DEPARTMENT OF STATE ASSISTANCE

When a U.S. citizen dies outside the United States, the deceased person's next of kin or legal representative should notify the U.S. consular officials at the Department of State (DOS). Consular personnel is available 24 hours a day, 7 days a week, to provide assistance to U.S. citizens for overseas emergencies.

- If the next of kin or legal representative is in a foreign country with the deceased U.S. citizen, she or he should contact the nearest U.S. Embassy or Consulate for assistance. Contact information for U.S. embassies, consulates, and consular agencies overseas may be found at the Department of State website (www.usembassy.gov).
- If a family member, domestic partner, or legal representative is in a different country from the deceased person, she or he should call the Department of State's Office of Overseas Citizens Services in Washington, DC, from 8 a.m. to 5 p.m. Eastern Standard Time, Monday through Friday, at 888-407-4747 (toll-free) or 202-501-4444. For emergency assistance after working hours or

on weekends and holidays, call the Department of State switchboard at 202-647-4000 and ask to speak with the Overseas Citizens Services duty officer. In addition, the U.S. Embassy closest to or in the country where the U.S. citizen died can provide assistance (www.usembassy.gov).

The U.S. Department of State has no funds to assist in the return of remains of U.S. citizens who die abroad. U.S. consular officers assist the next of kin by conveying instructions to the appropriate offices within the foreign country and providing information to the family on how to transmit the necessary private funds to cover the costs of preparing and repatriating human remains. The process can be expensive and lengthy. Upon issuance of a local (foreign) death certificate, the nearest U.S. Embassy or Consulate may prepare a consular report of the death of an American abroad. Copies of that report are provided to the next of kin or legal representative and may be used in U.S. courts to settle estate matters. If there is no next of kin or legal representative in-country, a consular officer will act as a provisional conservator of the deceased's personal effects.

IMPORTATION OF HUMAN REMAINS FOR INTERMENT OR CREMATION

General Guidance

Except for cremated remains, human remains intended for interment (placement in a grave or tomb) or cremation after entry into the United States must be accompanied by a death certificate stating the cause of death. A death certificate is an official document signed by a coroner, healthcare provider, or other official authorized to make a declaration of the cause of death. Death certificates written in a language other than English must be accompanied by an English translation. If a death certificate is not available in time for returning the remains, the U.S. Embassy or Consulate should provide a consular mortuary certificate stating whether the person died from a disease classified as quarantinable in the United States (www.cdc.gov/quarantine/aboutlawsregulationsquarantineisolation.html). Any requirements of the country of

origin, air carrier, U.S. Customs and Border Protection, and the Transportation Security Administration must also be met (help.cbp.gov/app/answers/detail/a_id/237/~/requirements-for-importing-bodies-in-coffins-%2F-ashes-in-urns). The CDC regulates the importation of human remains and provides guidance for their importation (www.cdc.gov/quarantine/human-remains.html). The requirements are more stringent if the person died from a disease classified as quarantinable in the United States.

EXPORTATION OF HUMAN REMAINS

The CDC does not regulate the exportation of human remains outside the United States, although other state and local regulations may apply. The United States Postal Service (USPS) is the only courier authorized to ship cremated remains. Exporters of human remains and travelers taking human remains out of the United States should be aware that the importation requirements of the destination country and the air carrier must be met. Information regarding these requirements may be obtained from the foreign embassy or consulate (www.state.gov/s/cpr/rls) and the air carrier.

DEATH ABROAD

When a U.S. citizen dies abroad, the Bureau of Consular Affairs (CA) assists the family and friends. The Bureau of Consular Affairs attempts to locate and inform the next of kin of the U.S. citizen's death. The Bureau of Consular Affairs provides information on how to make arrangements for local burial or return of the remains to the United States. The disposition of remains is subject to U.S. and local (foreign) law, the U.S. and foreign customs requirements, and the foreign country facilities, which are often vastly different from those in the United States.

The Department of State has no funds to assist in the return of remains or ashes of U.S. citizens who die abroad. The Bureau of Consular Affairs assists the next of kin to convey instructions to the appropriate offices within the foreign country and provides information to the family on how to transmit the necessary private funds to cover the costs overseas. Upon issuance of a local (foreign)

death certificate, the nearest embassy or consulate may prepare a Consular Report of the Death of an American Abroad. Copies of that report are provided to the next of kin or legal representative and may be used in U.S. courts to settle estate matters.

A U.S. consular officer overseas has statutory responsibility for the personal estate of a U.S. citizen who dies abroad if the deceased has no legal representative or next of kin in the country where the death occurred, subject to local law. In that situation, the consular officer takes possession of personal effects such as jewelry, personal documents and papers, and clothing.

The consular officer prepares an inventory of the personal effects and then carries out instructions from the legal representative or next of kin concerning the effects.

INFORMATION ABOUT U.S. CITIZEN DEATHS OVERSEAS

Sec. 204(c) of P.L. 107-228, the Foreign Relations Authorization Act for Fiscal Year 2003, mandates that, to the maximum extent practicable, the Department of State collect and make available on the Department's Bureau of Consular Affairs Internet website (www.state.gov/about-us-bureau-of-consular-affairs/) certain information with respect to each United States citizen who dies in a foreign country from a nonnatural cause. The information required is:

- The date of death
- The locality where the death occurred
- The causes of death

Including, if the death resulted from an act of terrorism, a statement disclosing that fact. The information on the website must be listed on a country-by-country basis and must cover deaths occurring since the date of enactment of the legislation on September 30, 2002, or occurring during the preceding three calendar years, whichever period is shorter. The information is updated every six months.

Deaths that are listed as "undetermined/unknown" have been reported to the Department of State as deaths from nonnatural causes, but local authorities have not provided additional information.

Part 8 | Additional Help and Information

Chapter 75 | Glossary of Terms Related to Travel

accompanying: A type of visa in which family members travel with the principal applicant, (in immigrant visa cases, within six months of issuance of an immigrant visa to the principal applicant).

acute: A short-term, intense-health effect.

agent: In immigrant visa processing, the applicant selects a person who receives all correspondence regarding the case and pays the immigrant visa application processing fee. The agent can be the applicant, the petitioner, or another person selected by the applicant and listed on Form DS-261, Online Choice of Address and Agent.

antibiotics: Medicines that damage or kill bacteria and are used to treat some bacterial diseases.

antibodies: Molecules (also called "immunoglobulins") produced by a B cell in response to an antigen. When an antibody attaches to an antigen, it destroys the antigen.

anxiety: Feelings of fear, dread, and uneasiness that may occur as a reaction to stress. A person with anxiety may sweat, feel restless and tense, and have a rapid heartbeat. Extreme anxiety that happens often over time may be a sign of an anxiety disorder.

applicant (Visa): A foreign citizen who is applying for a nonimmigrant or immigrant U.S. visa. The visa applicant may also be referred as a "beneficiary" for petition based visas.

This glossary contains terms excerpted from documents produced by several sources deemed reliable.

aspirin: A drug that reduces pain, fever, inflammation, and blood clotting. Aspirin belongs to the family of drugs called nonsteroidal anti-inflammatory agents. It is also being studied in cancer prevention.

assessment: In healthcare, a process used to learn about a patient's condition. This may include a complete medical history, medical tests, a physical exam, a test of learning skills, tests to find out if the patient is able to carry out the tasks of daily living, a mental-health evaluation, and a review of social support and community resources available to the patient.

assistive device: A tool that helps a person with a disability to do a certain task. Examples are a cane, wheelchair, scooter, walker, hearing aid, or special bed.

asthma: A chronic medical condition where the bronchial tubes (in the lungs) become easily irritated.

blood transfusion: The administration of blood or blood products into a blood vessel.

blood: A tissue with red blood cells, white blood cells, platelets, and other substances suspended in fluid called "plasma." Blood takes oxygen and nutrients to the tissues, and carries away wastes.

booster shot: Supplementary dose of a vaccine, usually smaller than the first dose, that is given to maintain immunity.

cancer: A term for diseases in which abnormal cells divide without control. Cancer cells can invade nearby tissues and can spread to other parts of the body through the blood and lymph systems. There are several main types of cancer. Carcinoma is cancer that begins in the skin or in tissues that line or cover internal organs. Sarcoma is cancer that begins in bone, cartilage, fat, muscle, blood vessels, or other connective or supportive tissue. Leukemia is cancer that starts in blood-forming tissue, such as the bone marrow, and causes large numbers of abnormal blood cells to be produced and enter the blood. Lymphoma and multiple myeloma are cancers that begin in the cells of the immune system. Central nervous system cancers are cancers that begin in the tissues of the brain and spinal cord.

cardiopulmonary: Of or relating to the heart and lungs.

cell: The individual unit that makes up the tissues of the body. All living things are made up of one or more cells.

chemotherapy: Treatment with drugs that kill cancer cells.

child: Unmarried child under 21 years of age. A child may be natural born, step, or adopted. If the child is a stepchild, the marriage between the parent

and the U.S. citizen must have occurred when the child was under the 18 years of age. If the child is adopted, she or he must have been adopted with a full and final adoption when the child was under 16 years of age, and the child must have lived with and been in the legal custody of the parent for at least two years. An orphan may qualify as a child if she or he has been adopted abroad by an U.S. citizen or if the U.S. citizen parent has filed an immediate-relative (IR) visa petition for her or him to go to the United States for adoption by the U.S. citizen.

clinical trial: A type of research study that tests how well new medical approaches work in people. These studies test new methods of screening, prevention, diagnosis, or treatment of a disease; also called a "clinical study."

cohabit: To live together without a legal marriage ceremony.

computed tomography (CT): A computerized x-ray imaging procedure in which a narrow beam of x-rays is aimed at a patient and quickly rotated around the body, producing signals that are processed by the machine's computer to generate cross-sectional images—or "slices"—of the body.

contagious disease: A very communicable disease capable of spreading rapidly from one person to another by contact or close proximity.

counseling: The process by which a professional counselor helps a person cope with mental or emotional distress, and understand and solve personal problems.

cure: To heal or restore health; a treatment to restore health.

depression: A mental condition marked by ongoing feelings of sadness, despair, loss of energy, and difficulty dealing with normal daily life. Other symptoms of depression include feelings of worthlessness and hopelessness, loss of pleasure in activities, changes in eating or sleeping habits, and thoughts of death or suicide. Depression can affect anyone, and can be successfully treated. Depression affects 15 to 25 percent of cancer patients and up to one-third of the people who have a chronic illness.

diagnosis: The process of identifying a disease by the signs and symptoms.

diversity Visa Program: The U.S. Department of State has an annual lottery for immigration to the United States. Up to 55,000 immigrants can enter the United States each year from countries with low rates of immigration to the United States.

drug: Any substance, other than food, that is used to prevent, diagnose, treat, or relieve symptoms of a disease or abnormal condition. Also refers to

a substance that alters mood or body function, or that can be habit-forming or addictive, especially a narcotic.

epidemic: A disease outbreak that affects many people in a region at the same time.

fiscal year: The budget year for the U.S. government. It begins on October 1 and ends on September 30 of the following year.

homeless: People from countries that do not have a U.S. Embassy or Consulate where they can apply for immigrant visas are homeless. For example, the U.S. government does not have an embassy in Iran. Residents of Iran are "homeless" for visa purposes.

household income: The income used to determine whether a sponsor meets the minimum income requirements under Section 213A of the Immigration and Nationality Act (INA) for some immigrant visa cases.

immunity: Protection from germs.

infection: A state in which disease-causing microbes have invaded or multiplied in body tissues.

infection: Invasion and multiplication of germs in the body. Infections can occur in any part of the body and can spread throughout the body. The germs may be bacteria, viruses, yeast, or fungi. They can cause fever and other problems, depending on where the infection occurs. When the body's natural defense system is strong, it can often fight the germs and prevent infection. Some cancer treatments can weaken the natural defense system.

infectious agents: Organisms capable of spreading disease (e.g., bacteria or viruses).

inpatient: A person who is hospitalized for at least one night to receive treatment or participate in a study.

jurisdiction: Authority to apply the law in a given territory or region. For example, the DHS USCIS district office in the area where a person lives has jurisdiction or authority to decide on a fiancé(e) petition.

Kentucky Consular Center (KCC): A U.S. Department of State facility located in Williamsburg, Kentucky. It gives domestic (U.S.) support to the worldwide operations of the Bureau of Consular Affairs Visa Office. It manages the Diversity Visa (DV) Program.

labor condition application (LCA): A request to the U.S. Department of Labor (DOL) for a foreign worker to work in the United States.

laws (immigration and visa related laws): The Code of Federal Regulations contains useful information on the laws regulating U.S. visa policy.

living will: A type of legal advance directive in which a person describes specific treatment guidelines that are to be followed by healthcare providers if she or he becomes terminally ill and cannot communicate. A living will usually has instructions about whether to use aggressive medical treatment to keep a person alive such as cardiopulmonary resuscitation (CPR), artificial nutrition, or use of a respirator.

lung: One of a pair of organs in the chest that supplies the body with oxygen and removes carbon dioxide from the body.

mental health: A person's overall psychological and emotional condition. Good mental health is a state of well-being in which a person is able to cope with everyday events, think clearly, be responsible, meet challenges, and have good relationships with others.

missionary work: Work performed for a religious organization to spread the faith (religion) and advance the principles and doctrines of the religion. Such work may include religious instruction, help for the elderly and needy, and proselytizing.

native: A person born in a particular country is a native of that country.

novel coronavirus: A new coronavirus that has not been previously identified. The virus causing coronavirus disease 2019 (COVID-19) is not the same as the coronaviruses that commonly circulate among humans and cause mild illness, like the common cold.

nurse: A health professional trained to care for people who are ill or disabled.

nursing: The profession concerned with the provision of care and services essential to the promotion, maintenance, and restoration of health by attending to a patient's needs.

nutrition: The clinical practice concerned with nutrients and other substances contained in food and their action, interaction, and balance in relation to health and disease.

original document: The actual document that was issued when an authority recorded an event (e.g., birth, marriage, divorce, adoption, etc.).

orphan: A child who has no parents because of death, disappearance, desertion or abandonment of the parents. A child may also be considered an orphan if the child has an unwed mother, or a single living parent who

cannot care for the child and has released her/him irrevocably (permanently) for adoption and emigration. Adoptive parents must make sure that a child meets the legal definition of an "orphan" before adopting a child from another country.

pandemic: An epidemic occurring over a very large geographic area.

post: U.S. Embassy, Consulate, or other diplomatic mission abroad. Not all U.S. Embassies, Consulates, and Missions are visa-issuing posts.

radiation: The emission of energy as electromagnetic waves or as moving subatomic particles, especially high-energy particles that cause ionization.

screening: Checking for disease when there are no symptoms.

side effect: A problem that occurs when treatment affects healthy tissues or organs. Some common side effects of cancer treatment are fatigue, pain, nausea, vomiting, decreased blood cell counts, hair loss, and mouth sores.

social service: A community resource that helps people in need. Services may include help getting to and from medical appointments, home delivery of medication and meals, in-home nursing care, help paying medical costs not covered by insurance, loaning medical equipment, and housekeeping help.

spouse: Legally married husband or wife. A cohabiting partner does not qualify as a spouse for immigration purposes. A common-law husband or wife may or may not qualify as a spouse for immigration purposes, depending on the laws of the country where the relationship occurs.

surgery: A medical specialty concerned with manual or operative procedures used in the diagnosis and treatment of diseases, injuries, or deformities. This specialty is usually responsible for the comprehensive management of the trauma victim and the critically ill surgical patient.

symptom: An indication that a person has a condition or disease. Some examples of symptoms are headache, fever, fatigue, nausea, vomiting, and pain.

ultrasound: A form of acoustic energy, or sound, that has a frequency that is higher than the level of human hearing. As a medical diagnostic technique, high frequency sound waves are used to provide images through real-time medical imaging inside the body without exposure to ionizing radiation. As a therapeutic technique, high frequency sound waves interact with tissues to destroy diseased tissue, such as tumors, or to modify tissues, or target drugs to specific locations in the body.

vaccine: A product made from very small amounts of weak or dead germs that can cause diseases—for example, viruses, bacteria, or toxins. It prepares your body to fight the disease faster and more effectively so you won't get sick. Vaccines are administered through needle injections, by mouth, and by aerosol.

visa: A citizen of a foreign country, wishing to enter the United States, generally must first obtain a visa, either a nonimmigrant visa for temporary stay, or an immigrant visa for permanent residence. Visa applicants will need to apply overseas, at the U.S. Embassy or Consulate, generally in their country of permanent residence. The type of visa you must have is defined by immigration law, and relates to the purpose of your travel. A visa allows a foreign citizen to travel to the U.S. port of entry, and request permission of the U.S. immigration inspector to enter the United States. Issuance of a visa does not guarantee entry to the United States. The CBP Officer at the port of entry determines whether you can be admitted and decides how long you can stay for any particular visit.

x-ray: A type of high-energy radiation. In low doses, x-rays are used to diagnose diseases by making pictures of the inside of the body.

yoga: An ancient system of practices used to balance the mind and body through exercise, meditation (focusing thoughts), and control of breathing and emotions.

Chapter 76 | Directory of Organizations That Provide Health and Safety Information for Travelers

GOVERNMENT ORGANIZATIONS

AIDS*info*
U.S. Department of Health and Human Services (HHS)
P.O. Box 4780
Rockville, MD 20849-6303
Toll-Free: 800-HIV-0440 (800-448-0440)
Phone: 301-315-2816
Toll-Free TTY: 888-480-3739
Fax: 301-315-2818
Website: aidsinfo.nih.gov
E-mail: ContactUs@aidsinfo.nih.gov

Animal and Plant Health Inspection Service (APHIS)
U.S. Department of Agriculture (USDA)
4700 River Rd.
Riverdale, MD 20737
Toll-Free: 844-820-2234
Phone: 202-720-2791
Website: www.usda.gov
E-mail: CustomerServiceCallCenter@aphis.usda.gov

Resources in this chapter were compiled from several sources deemed reliable; all contact information was verified and updated in April 2020.

Benefits.gov
Toll-Free: 800-FED-INFO
(800-333-4636)
Website: www.benefits.gov

Centers for Disease Control and Prevention (CDC)
1600 Clifton Rd.
Atlanta, GA 30329-4027
Toll-Free: 800-CDC-INFO
(800-232-4636)
Phone: 404-639-3311
Toll-Free TTY: 888-232-6348
Website: www.cdc.gov
E-mail: cdcinfo@cdc.gov

Digital.gov
U.S. General Services Administration (GSA)
1800 F St., N.W.
Washington, DC 20405
Toll-Free: 844-GSA-4111
(844-472-4111)
Website: digital.gov
E-mail: digitalgov@gsa.gov

Division of Foodborne, Waterborne, and Environmental Diseases (DFWED)
Centers for Disease Control and Prevention (CDC)
Website: www.cdc.gov

***Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD)**
NICHD Information Resource Center (IRC)
P.O. Box 3006
Rockville, MD 20847
Toll-Free: 800-370-2943
Phone: 301-496-5133
Toll-Free Fax: 866-760-5947
Website: www.nichd.nih.gov
E-mail:
NICHDInformationResource Center@mail.nih.gov

Federal Communications Commission (FCC)
445 12th St. S.W.
Washington, DC 20554
Toll-Free: 888-CALL-FCC
(888-225-5322)
Phone: 202-418-1122
Toll-Free TTY: 888-TELL-FCC
(888-835-5322)
Toll-Free Fax: 866-418-0232
Website: www.fcc.gov

Federal Trade Commission (FTC)
600 Pennsylvania Ave. N.W.
Washington, DC 20580
Phone: 202-326-2222
Website: www.ftc.gov

HealthCare.gov
Centers for Medicare & Medicaid Services (CMS)
Toll-Free: 800-318-2596
Toll-Free TTY: 855-889-4325
Website: www.healthcare.gov

HIV.gov
Office of HIV/AIDS and Infectious Disease Policy (OHAIDP)
330 C St. S.W., Rm. L100
Washington, DC 20024
Website: www.hiv.gov

MedlinePlus
U.S. National Library of Medicine (NLM)
8600 Rockville Pike
Bethesda, MD 20894
Toll-Free: 888-FIND-NLM (888-346-3656)
Phone: 301-594-5983
Website: www.medlineplus.gov

National Highway Traffic Safety Administration (NHTSA)
1200 New Jersey Ave. S.E.
W. Bldg., Washington, DC 20590
Toll-Free: 888-327-4236
Phone: 202-366-9550
Toll-Free TTY: 800-424-9153
Website: www.nhtsa.gov
E-mail: nhtsa.webmaster@dot.gov

National Institute of Allergy and Infectious Diseases (NIAID)
Office of Communications and Government Relations (OCGR)
5601 Fishers Ln., MSC 9806
Bethesda, MD 20892-9806
Toll-Free: 866-284-4107
Phone: 301-496-5717
Toll-Free TDD: 800-877-8339
Fax: 301-402-3573
Website: www.niaid.nih.gov
E-mail: ocpostoffice@niaid.nih. gov

National Institute of Environmental Health Sciences (NIEHS)
P.O. Box 12233
MD K3-16
Research Triangle Park, NC 27709
Phone: 919-541-3345
Fax: 919-541-4395
Website: www.niehs.nih.gov
E-mail: webcenter@niehs.nih.gov

National Oceanic and Atmospheric Administration (NOAA)
1401 Constitution Ave., N.W.
Rm. 5128
Washington, DC 20230
Toll-Free: 800-893-1964
Phone: 828-271-4800
Website: www.nhc.noaa.gov
E-mail: outreach@noaa.gov

National Travel & Tourism Office (NTTO)
U.S. Department of Commerce (DOC)
1401 Constitution Ave., N.W.
Rm. 10003
Washington, DC 20230
Phone: 202-482-0140
Fax: 202-482-2887
Website: travel.trade.gov

Occupational Safety and Health Administration (OSHA)

U.S. Department of Labor (DOL)
200 Constitution Ave. N.W.
Rm. N3626
Washington, DC 20210
Toll-Free: 800-321-OSHA
(800-321-6742)
Website: www.osha.gov

Office on Violence Against Women (OVW)

U.S. Department of Justice (DOJ)
145 N. St., N.E.
Ste. 10W.121
Washington, DC 20530
Phone: 202-307-6026
Fax: 202-305-2589
Website: www.justice.gov/ovw
E-mail: ovw.info@usdoj.gov

Office on Women's Health (OWH)

U.S. Department of Health and Human Services (HHS)
200 Independence Ave. S.W.
Rm. 712E
Washington, DC 20201
Toll-Free: 800-994-9662
Phone: 202-690-7650
Fax: 202-205-2631
Website: www.womenshealth.gov

Overseas Security Advisory Council (OSAC)

U.S. Department of State (DOS)
Washington, DC 20522-2008
Phone: 571-345-2223
Fax: 571-345-2238
Website: www.osac.gov

SelectUSA.gov

Website: www.selectusa.gov
E-mail: selectusa@trade.gov

Travel.State.gov

Website: www.travel.state.gov

U.S. Bureau of Labor Statistics (BLS)

2 Massachusetts Ave. N.E.
Postal Sq., Bldg.
Washington, DC 20212-0001
Phone: 202-691-5200
Toll-Free TDD: 800-877-8339
Website: www.bls.gov

U.S. Customs and Border Production (CBP)

Toll-Free: 877-CBP-5511
(877-227-5511)
Website: www.cbp.gov

U.S. Department of Agriculture (USDA)

1400 Independence Ave. S.W.
Washington, DC 20250
Phone: 202-720-2791
Website: www.usda.gov
E-mail: feedback@oc.usda.gov

U.S. Department of Education (ED)

400 Maryland Ave. S.W.
Washington, DC 20202
Toll-Free: 800-USA-LEARN
(800-872-5327)
Website: www2.ed.gov

U.S. Department of Health and Human Services (HHS)
200 Independence Ave. S.W.
Washington, DC 20201
Toll-Free: 877-696-6775
Website: www.hhs.gov

U.S. Department of Homeland Security (DHS)
Phone: 202-282-8000
Website: www.dhs.gov

U.S. Department of Transportation (DOT)
1200 New Jersey Ave. S.E.
Washington, DC 20590
Toll-Free: 855-368-4200
Phone: 202-366-4000
Website: www.transportation.gov

U.S. Environmental Protection Agency (EPA)
1200 Pennsylvania Ave. N.W.
Washington, DC 20460
Phone: 202-564-4700
Fax: 202-501-1450
Website: www.epa.gov

U.S. Food and Drug Administration (FDA)
10903 New Hampshire Ave.
Silver Spring, MD 20993-0002
Toll-Free: 888-INFO-FDA
(888-463-6332)
Website: www.fda.gov

PRIVATE ORGANIZATIONS

Alliance for the Prudent Use of Antibiotics (APUA)
Website: apua.org

American Bar Association (ABA)
Chicago Headquarters
321 N. Clark St.
Chicago, IL 60654
Toll-Free: 800-285-2221
Website: www.americanbar.org
E-mail: service@americanbar.org

American Medical Association (AMA)
AMA Plaza, 330 N. Wabash Ave.
Ste. 39300
Chicago, IL 60611-5885
Phone: 312-464-4782
Website: www.ama-assn.org

The American Mosquito Control Association (AMCA)
One Capitol Mall, Ste. 800
Sacramento, CA 95814
Toll-Free: 888-626-0630
Fax: 916-444-7462
Website: www.mosquito.org
E-mail: amca@mosquito.org

Brand USA
1725 Eye St. N.W.
Eighth Fl.
Washington, DC 20006,USA
Phone: 202-536-2060
Website: www.thebrandusa.com

Center for Food Safety (CFS)
660 Pennsylvania Ave. S.E.
Ste. 402
Washington, DC 20003
Phone: 202-547-9359
Fax: 202-547-9429
Website: www.centerforfoodsafety.org
E-mail: office@centerforfoodsafety.org

Clean Water Fund
1444 Eye St. N.W.
Ste. 400
Washington, DC 20005
Phone: 202-895-0420
Fax: 202-895-0438
Website: www.cleanwaterfund.org
E-mail: cwa@cleanwater.org

CruiseCritic
The Independent Traveler
200 Princeton S. Corporate Center
Ste. 330
Ewing, NJ 08628
Phone: 609-583-0000
Website: www.cruisecritic.com

Food Allergy Research and Education (FARE)
7901 Jones Branch Dr.
Ste. 240
McLean, VA 22102
Toll-Free: 800-929-4040
Phone: 703-691-3179
Fax: 703-691-2713
Website: www.fare.foodallergy.org

Food and Health Communications, Inc
3739 Balboa St.
Unit #5015
San Francisco, CA 94121
Toll-Free: 800-462-2352
Toll-Free Fax: 800-433-7435
Website: foodandhealth.com

Girls Inc.
National Office
120 Wall St., 18th Fl.
New York, NY 10005-39021
Phone: 212-509-2000
Website: www.girlsinc.org
E-mail: communications@girlsinc.org

Hepatitis Foundation International (HFI)
8121 Georgia Ave.
Ste. 350
Silver Spring, MD 20910
Toll-Free: 800-891-0707
Phone: 301-565-9410
Website: www.hepatitisfoundation.org
E-mail: info@hepatitisfoundation.org

International Association for Medical Assistance to Travellers (IAMAT)
1623 Military Rd.
Ste. 279
Niagara Falls, NY 14304-1745
Phone: 716-754-4883
Website: www.iamat.org

International Cemetery, Cremation & Funeral Association (ICCFA)
107 Carpenter Dr.
Ste. 100
Sterling, VA 20164
Toll-Free: 800-645-7700
Phone: 703-391-8400
Fax: 703-391-8416
Website: iccfa.com

International Food Protection Training Institute (IFPTI)
5220 Lovers Ln.
Ste. LL-130
Portage, MI 49002
Phone: 269-488-3489
Fax: 269-488-3939
Website: ifpti.org

International Road Federation (IRF)
Madison Pl., 500 Montgomery St.
Fifth Floor
Alexandria, VA 22314
Phone: 703-535-1001
Fax: 703-535-1007
Website: www.irf.global
E-mail: info@IRF.global

Mobility International USA (MIUSA)
132 E. Bdwy.
Ste. 343
Eugene, OR 97401
Phone: 541-343-1284
Fax: 541-343-6812
Website: www.miusa.org

National Center for Victims of Crime (NCVC)
P.O. Box 101207
Arlington, VA 22210
Phone: 202-467-8700
Fax: 202-467-8701
Website: victimsofcrime.org

National Coalition Against Domestic Violence (NCADV)
600 Grant
Ste. 750
Denver, CO 80203
Phone: 303-839-1852
Website: www.ncadv.org
E-mail: mainoffice@ncadv.org

National Eating Disorders Association (NEDA)
1500 Bdy.
Ste. 1101
New York, NY 10036
Toll-Free: 800-931-2237
Phone: 212-575-6200
Fax: 212-575-1650
Website: www.nationaleatingdisorders.org
E-mail: info@NationalEatingDisorders.org

Rape Abuse and Incest National Network (RAINN)
1220 L. St. N.W.
Ste. 505
Washington, DC 20005
Toll-Free: 800-656-HOPE (800-656-4673)
Phone: 202-544-1034
Website: www.rainn.org
E-mail: info@rainn.org

World Health Organization (WHO)
20 Ave. Appia
1211 Geneva
Switzerland
Phone: +41-22-7912111
Fax: 41-22-791-4857
Website: www.who.int

World Hospital Search
Joint Commission International (JCI)
1515 W. 22nd St.
Ste. 1300W
Oak Brook, IL 60523 USA
Phone: 630-268-7400
Website: www.worldhospitalsearch.org
E-mail: info@worldhospitalsearch.org

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